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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 Melinda Parker via email.

IMPORTANT: *Clergy who are newly eligible for the conference health plan will automatically be enrolled into the default HealthFlex Plan H5000. 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)*
 - 2024 HealthFlex Plans Comparison – Page 3
 - 2024 Monthly Premium Rates – Page 15
 - HSA Considerations for Participants Nearing Medicare Eligibility - Page 17
 - HealthFlex Enrollment Form – 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.

A handwritten signature in black ink that reads "Melinda Parker".

Melinda Parker, Assistant Benefits
Officer 615-329-1177
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TENNESSEE-WESTERN KENTUCKY CONFERENCE BENEFITS DISCLOSURE 2024

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) 7% of total plan compensation**
*CRSP-DC (Defined Contribution) 3% of total plan compensation**
CRSP-DC 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)
Compensation must be 25% of the Denomination Average Compensation (\$19,573 for 2024)

Eligible for Health Insurance Paid by the Local Church
2024 cost is \$15,720 (\$1,310.00/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 Tennessee-Western Kentucky Conference
Optional Continuation of Coverage is available at clergy expense for Health 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*

**Premium will be billed to the local church but should be handled as a payroll deduction.*



Wespath

BENEFITS | INVESTMENTS



HealthFlex—Plan Comparisons 2024

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Terms/Acronyms You Need to Know

TERM	DEFINITION
Co-insurance	Percentage of health care expense paid by individual and/or HealthFlex plan
Co-payment	Flat dollar amount individual pays toward health care expense
Credit	Premium Credit – Amount your plan sponsor gives you toward your HealthFlex premiums
Deductible	Amount the individual pays in full before plan co-insurance begins (does not include co-payments)
FSA	Flexible spending account (two types—health care and dependent care)
Formulary	This prescription drug list allows you to see which medications and alternatives are covered by HealthFlex
HMO	Health Maintenance Organization
HRA	Health reimbursement account
HSA	Health savings account
Out-of-Pocket Max (OOP)	Maximum amount the individual pays for covered medical, pharmacy and behavioral health expenses
PPO	Preferred Provider Organization
Premium	Your monthly (or annual) health plan payment to enroll in a plan

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. The out-of-pocket maximum does not include payment for dental and vision 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 (NEW H2000, H2500, H5000) 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
MDLIVE® Telehealth (Behavioral Health and Urgent/Acute Care)	No cost for plan participants		
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 ¹ ; eligible for limited-use health care flexible spending account (FSA) ²	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 2023 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 coverage in the H5000 plan in 2024 who do not complete the Health Check in 2023 will have their deductible and individual out-of-pocket maximum increased so the deductible and out-of-pocket max are the same amounts.

¹ H5000 has no plan sponsor HSA funding unless there is excess premium credit.

² 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 (2024 IRS-defined deductible: \$1,600 individual coverage/\$3,200 family coverage) Visit www.irs.gov for updated limits.

Health Account Contributions

HRA and HSA applicable accounts and **included** employer contributions.

Health Account Type and Employer Contributions	NEW H2000 with HSA	H2500 with HSA	H5000 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 	<ul style="list-style-type: none"> • 1,000/\$2,000 • Personal contribution allowed 	<ul style="list-style-type: none"> • \$250/\$500 • Personal contribution allowed 	<ul style="list-style-type: none"> • \$0/\$0 • Personal contribution allowed 	Personal contributions not allowed		

In-Network Medical Plan Benefits Comparison

Plan Feature	NEW H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Lifetime Benefit Maximum	None	None	None	None	None	None
Annual In-Network Deductible¹ (Participant pays)	<ul style="list-style-type: none"> • \$2,000 per person • \$4,000 per family <p>No individual deductible if more than 1 person is covered</p> <p>Deductible applies to medical, behavioral health and pharmacy</p>	<ul style="list-style-type: none"> • \$2,500 per person • \$5,000 per family 	<ul style="list-style-type: none"> • \$5,000 per person • \$10,000 per family 	<ul style="list-style-type: none"> • \$2,000 per person • \$4,000 per family 	<ul style="list-style-type: none"> • \$3,000 per person • \$6,000 per family 	<ul style="list-style-type: none"> • \$1,000 per person • \$2,000 per family
In-Network Co-Insurance <ul style="list-style-type: none"> • Plan pays • Participant pays 	<ul style="list-style-type: none"> • 80% after deductible • 20% after deductible 	<ul style="list-style-type: none"> • 70% after deductible • 30% after deductible 	<ul style="list-style-type: none"> • 100% after deductible • 0% after deductible 	<ul style="list-style-type: none"> • 80% after deductible • 20% after deductible 	<ul style="list-style-type: none"> • 50% after deductible • 50% after deductible 	<ul style="list-style-type: none"> • 80% after deductible • 20% after deductible
Annual In-Network Out-of-Pocket (OOP) Maximum— Combined Medical, Behavioral Health and Pharmacy Costs (Participant pays)	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family 	<ul style="list-style-type: none"> • \$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 2023. If not taken, your deductible will be increased by \$250 for individual coverage or \$500 for family coverage. Households with coverage in the H5000 plan in 2024 who do not complete the Health Check in 2023 will have their deductible and individual out-of-pocket maximum increased so the deductible and out-of-pocket max are the same amounts.

² Co-payments do not apply to deductible.

In-Network Medical Plan Benefits Comparison

Services	NEW H2000 with HSA	H2500 with HSA	H5000 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 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	\$30 co-payment, then plan pays 100%
MDLIVE Telehealth (Behavioral Health and Urgent/Acute Care)	No cost for plan participants					
Behavioral Health Office and Telehealth Visits (not using MDLIVE) • Psychiatrist • Psychologist • Other mental health professionals	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 100% after deductible	Plan pays 80%; do not need to meet deductible	Plan pays 50%; do not need to meet deductible	\$15 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 100% 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 100% 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 100% 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 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible

In-Network Medical Plan Benefits Comparison

Services	NEW H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA	C3000 with HRA	B1000
<p>Emergency Care</p> <p><i>Notification required within 48 hours if admitted</i></p> <p>Includes behavioral health emergencies</p> <ul style="list-style-type: none"> Physician office 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 100% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible	<ul style="list-style-type: none"> 30 co-payment¹ per PCP visit or \$50 co-payment per specialist visit, then plan pays 100% \$200 co-payment,^{1,2} then plan pays 100% \$100 co-payment,^{1,2} then plan pays 100% Plan pays 80% after deductible
<p>Maternity Care/ Physician Charges</p> <p><i>Pre-notification required (verify with physician)</i></p> <ul style="list-style-type: none"> Prenatal care (except ultrasounds) Ultrasounds and subsequent eligible physician charges (includes delivery and postnatal visits) 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 70% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 100% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 80% after deductible 	<ul style="list-style-type: none"> Plan pays 100% Plan pays 50% after deductible 	<ul style="list-style-type: none"> Plan pays 100% 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 100% (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)
<p>Hearing Benefits</p> <ul style="list-style-type: none"> Hearing exam and evaluation Hearing aid 	<ul style="list-style-type: none"> Plan pays 80% after deductible Plan pays 50% after deductible, up to \$3,000 every 24 months 	<ul style="list-style-type: none"> Plan pays 70% after deductible Plan pays 50% after deductible, up to \$3,000 every 24 months 	<ul style="list-style-type: none"> Plan pays 100% after deductible Plan pays 50% after deductible, up to \$3,000 every 24 months 	<ul style="list-style-type: none"> Plan pays 80% after deductible Plan pays 50% after deductible, up to \$3,000 every 24 months 	<ul style="list-style-type: none"> Plan pays 50% after deductible Plan pays 50% after deductible, up to \$3,000 every 24 months 	<ul style="list-style-type: none"> \$50 co-payment, then plan pays 100% Plan pays 50% up to \$3,000 every 24 months. Not subject to deductible.

¹ Co-payments do not apply to deductible.

² Waived if admitted to hospital.

In-Network Medical Plan Benefits Comparison

Services	NEW H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Alternative Therapies <ul style="list-style-type: none"> • 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 100% 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 <i>Pre-notification required</i> <ul style="list-style-type: none"> • 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 100% 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	NEW H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA	C3000 with HRA	B1000
Out-of-Network Benefits^{1, 2, 3}	Individual/Family DEDUCTIBLE: • \$4,000/\$8,000 OOP MAX: • \$10,000/\$20,000 Co-insurance (plan pays): 60%	Individual/Family DEDUCTIBLE: • \$5,000/\$10,000 OOP MAX: • \$10,000/\$20,000 Co-insurance (plan pays): 50%	Individual/Family DEDUCTIBLE: • \$10,000/20,000 OOP MAX: • \$10,000/\$20,000 Co-insurance (plan pays): 100%	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 2023. If not taken, your deductible will be increased by \$250 for individual coverage or \$500 for family coverage. Households with coverage in the H5000 plan in 2024 who do not complete the Health Check in 2023 will have their deductible and individual out-of-pocket maximum increased so the deductible and out-of-pocket max are the same amounts.

² **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.

³ **OON Benefits:** 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	NEW H2000 with HSA	H2500 with HSA	H5000 with HSA	C2000 with HRA and C3000 with HRA	B1000				
Deductible	<ul style="list-style-type: none"> \$2,000 individual \$4,000 family 	<ul style="list-style-type: none"> \$2,500 individual \$5,000 family 	<ul style="list-style-type: none"> \$5,000 individual \$10,000 family 	None	None				
	Combined with medical/behavioral health deductible ¹								
Annual Out-of-Pocket (OOP) Maximum—Combined Medical, Behavioral and Pharmacy Costs	In Network <ul style="list-style-type: none"> \$5,000 individual \$10,000 family 	In Network <ul style="list-style-type: none"> \$5,000 individual \$10,000 family 	In Network <ul style="list-style-type: none"> \$5,000 individual \$10,000 family 	In Network With both medical plans <ul style="list-style-type: none"> \$5,000 individual \$10,000 family 	In Network <ul style="list-style-type: none"> \$5,000 individual \$10,000 family 				
	NEW H2000	H2500	H5000	C2000 and C3000	B1000				
Amounts shown: Participant pays	Amounts below reflect cost after meeting deductible				30-Day	90-Day	30-Day	90-Day	
Co-Payments—Generic	30-Day	90-Day	30-Day	90-Day	Participant pays 0% after meeting deductible	\$10	\$25	\$10	\$25
Preferred Brand-Name	30% ²	30% ²	30% ²	30% ²		30%	30%	30%	30%
• Minimum	\$30 ²	\$75 ²	\$30 ²	\$75 ²		\$30	\$75	\$30	\$75
• Maximum	\$65 ²	\$165 ²	\$65 ²	\$165 ²		\$65	\$165	\$65	\$165
Non-Preferred Brand-Name	40% ²	40% ²	40% ²	40% ²		40%	40%	40%	40%
• Minimum	\$50 ²	\$125 ²	\$50 ²	\$125 ²		\$50	\$125	\$50	\$125
• Maximum	\$120 ²	\$300 ²	\$120 ²	\$300 ²	\$120	\$300	\$120	\$300	

¹ **Standard Deductible:** Assumes participant and covered spouse (if applicable) met Health Check incentive requirement in 2023. If not taken, the deductible will be increased by \$250 for individual and \$500 for deductible. Households with family coverage in the H5000 plan in 2024 who do not complete the Health Check in 2023 will have their deductible and individual out-of-pocket maximum increased so the deductible and out-of-pocket max are the same amounts.

² 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.

Two HealthFlex policies related to pharmacy benefits affect 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. The price of the drug will be adjusted when you purchase it to reflect the 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, 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.

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: **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 PlusSM 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, endotics, 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 <i>Description</i> <ul style="list-style-type: none"> • 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 1 st and 2 nd pair of glasses)
Frame Details	No coverage	<ul style="list-style-type: none"> • Includes \$160 allowance for wide selection of frames • 20% savings on any amount over your allowance • Every 12 months 	<ul style="list-style-type: none"> • Includes \$200 allowance for wide selection of frames • 20% savings on any amount over your allowance • Every 12 months
Lens Details	No coverage	<ul style="list-style-type: none"> • Includes single vision, lined bifocal and lined trifocal lenses • Includes polycarbonate lenses for dependent children • Every 12 months 	<ul style="list-style-type: none"> • Includes single vision, lined bifocal and lined trifocal lenses • Includes polycarbonate lenses for dependent children • Every 12 months
Lens Enhancements	No coverage	<ul style="list-style-type: none"> • Standard progressive lenses: 100% • Average savings of 25% – 30% on other lens enhancements • Every 12 months 	<ul style="list-style-type: none"> • Anti-reflective coating: Covered in full after \$25 co-pay • UV Protection: 100% • Standard progressive lenses: 100% • Average savings of 40% on other lens enhancements • Every 12 months
Contact Lenses	No coverage	<i>Instead of glasses</i> <ul style="list-style-type: none"> • Includes \$160 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam up to a maximum \$50 co-pay • Every 12 months 	<i>In addition to glasses</i> <ul style="list-style-type: none"> • 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 co-pay • 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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?	NEW H2000 with HSA, H2500 with HSA, H5000 with HSA	C2000 with HRA, C3000 with HRA	NEW H2000 with HSA, H2500 with HSA, H5000 with HSA, C2000 with HRA, C3000 with HRA, B1000
How Funded?	<ul style="list-style-type: none"> • May be funded by plan sponsor¹ • You may make personal contributions to an HSA (optional) • May include extra premium credit (if applicable) 	<ul style="list-style-type: none"> • Funded by plan sponsor only • You may not make personal contributions to your HRA • May include extra premium credit (if applicable) 	<ul style="list-style-type: none"> • You may make personal contributions to your FSA
Earnings / Interest	May earn tax-deferred investment earnings based on account or fund you select	None	None
Tax Implications²	<p>Triple tax advantage:</p> <ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 2024	<p>Annual federal limit for total HSA contributions (plan sponsor + your money).</p> <ul style="list-style-type: none"> • \$4,150 (self-only) or • \$8,300 (family) • Individuals over 55 may contribute extra \$1,000 annually (\$4,850 self-only, \$8,750 family) 	<ul style="list-style-type: none"> • No annual limit • Amount determined by plan sponsor 	<p>2023 limits:</p> <ul style="list-style-type: none"> • \$300 minimum—\$3,050 maximum <p>Visit www.irs.gov for updated 2024 limits.</p>
Funds Availability	<ul style="list-style-type: none"> • Any plan sponsor contributions¹ 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 	<ul style="list-style-type: none"> • Available for use at beginning of plan year 	<ul style="list-style-type: none"> • Available for use at beginning of plan year

¹ H5000 has no plan sponsor HSA funding unless there is excess premium credit.

² 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	<ul style="list-style-type: none"> Use primarily for eligible health care expenses for tax dependents¹ 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) 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Not required by Wespath or HealthEquity, but you are responsible for reporting any taxable HSA distributions to the IRS 	<ul style="list-style-type: none"> Required² 	<ul style="list-style-type: none"> Required²
Carry-Over at Year-End	<ul style="list-style-type: none"> Unused balance carries over year to year No dollar limit on accumulated balance 	<ul style="list-style-type: none"> Unused balance carries over year to year <i>as long as you remain in HealthFlex</i> and through retirement No dollar limit on accumulated balance 	<ul style="list-style-type: none"> \$610 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	<ul style="list-style-type: none"> Compatible with limited-use FSA or HRA 	<ul style="list-style-type: none"> Compatible with FSA <i>If contributing to HSA, HRA is limited to dental and vision expenses only³</i> 	<ul style="list-style-type: none"> Compatible with HRA. FSA pays first—HRA pays only after FSA funds are exhausted. <i>If contributing to HSA, FSA is limited to dental and vision expenses only³</i>
If You Retire	<ul style="list-style-type: none"> Unused balance is <i>portable; remains with you indefinitely</i> regardless of employment/appointment 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Unused balance is <i>portable; remains with you indefinitely</i> regardless of employment/appointment 	<ul style="list-style-type: none"> Unused balance can be used for eligible expenses for up to 90 days after termination or waiver 	<ul style="list-style-type: none"> Eligible expenses can only be incurred through your last date of HealthFlex coverage Deadline to file claims: 90 days after leaving HealthFlex

¹ As defined in IRS Publication 969 and Internal Revenue Code Section 152

² May not be required with debit card use

³ Limited use until participant notifies HealthEquity that the IRS-defined deductible has been met; then can be used for all eligible health care expenses. (2024 IRS-defined deductible: \$1,600 individual, \$3,200 family)

Dependent care FSA: Annual contribution limit—\$5,000 (\$2,500 for taxpayers who are married filing separately) . Contributions are available monthly as they are deposited to the FSA on 5th of the month.

More information is available through the [Benefits Access](https://benefitsaccess.org) website at benefitsaccess.org

Disclaimer: This document is provided as a general informational and educational service to HealthFlex participants. The document does not constitute legal, tax or consumer advice. Readers may want to consult with a tax adviser, legal counsel or other professional adviser before acting on any information in this document. Wespath Benefits and Investments (Wespath) expressly disclaims all liability in respect to actions taken or not taken based on the contents of this document. Readers also may want to review additional documents provided by HealthFlex for more information about the plans and HRA or HSA reimbursement accounts.

2024 Premiums

Medical Plan / Tier	Participant Share per Month (medical only)
B1000	
Employee Only	\$250
Employee and One Dependent	\$474
Family	\$650
C2000 w/ HRA	
Employee Only	\$209
Employee and One Dependent	\$397
Family	\$544
C3000 w/ HRA	
Employee Only	\$83
Employee and One Dependent	\$158
Family	\$216
H2000 w/ HSA	
Employee Only	\$185
Employee and One Dependent	\$351
Family	\$480
H2500 w/ HSA	
Employee Only	\$51
Employee and One Dependent	\$96
Family	\$131
H5000 w/ HSA	
Employee Only	\$0
Employee and One Dependent	\$0
Family	\$0

Dental Plan / Tier	2024 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	\$16
Employee and One Dependent	\$30
Family	\$53

Vision Plan / Tier	2024 Monthly Rate
Exam Core	\$0
Full Service	
Employee Only	\$8.00
Employee and One Dependent	\$13.00
Family	\$20.00
Premier	
Employee Only	\$14.00
Employee and One Dependent	\$23.00
Family	\$36.00



Wespath

BENEFITS | INVESTMENTS

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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, 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
 - 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 is available on the HealthFlex/WebMD 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 2021 is **\$7,200** for a family plan (**\$3,600** 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, 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.

** 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.

If you have applied for or are receiving Social Security benefits—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 \$3,600** for single coverage (**\$1,500 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 **\$1,916.67** (**\$1,500 + \$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.

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 \$7,200** HSA contribution limit for family coverage (**\$3,000**).
- 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 \$3,600** HSA limit for single coverage (**\$2,100** 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 **\$6,100 (\$3,000 + \$2,100 + \$1,000)**.
- If the primary participant covers HSA-eligible dependent children, he or she may still be eligible for the full family contribution (**\$7,200**) 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](https://www.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.

** 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: Becoming 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 \$3,600** for single coverage (**\$1,500**) 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 **\$1,916.67** (**\$1,500 + \$416.67**) if over 55, or **\$1,500** 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.

Being a *few years away* from Medicare may be a good time to consider an HSA plan, as long as you will not become Medicare-enrolled within the plan year and as long as other factors are considered. Primary participants over 55 can contribute an extra \$1,000 per year into the HSA, for an even greater saving capacity—until they enroll in Medicare Parts A or B. For some individuals, an HSA plan may be the preferred plan even if they do not receive their plan sponsor HSA contributions.

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Choose one: New Enrollment Existing Enrollment

HealthFlex New Enrollment or Change Form

New hires and newly eligible participants must provide complete information on each eligible dependent. Enrolled participants making changes should provide only the information that has changed.

Part 1 – Participant/Plan Sponsor Information

Participant name _____ Participant # _____

Mailing address _____ Social Security # _____
(Last 5 numbers unless new enrollment)

_____ Primary phone # _____

E-mail address _____ Alternate phone # _____

Marital status: Single Married Divorced Effective date of marital status _____
 Widowed Domestic Partnership¹

Conference/Plan Sponsor/Employer	Employer #	Date of Hire	Appointment/ Employment Status	Status Effective Date	Last Day Worked	Weekly Hours

Part 2 – Processing Event

Please check the processing event below.

Event effective date _____

Life Status Event	Event Name	Life Status Event	Event Name
New Enrollment	New hire Newly eligible New dependent Divorce Spousal death Spouse loses other coverage	Death	Participant death Retiree death Dependent death
		Termination	Declines coverage Non-payment Participant losing eligibility
Add Dependent for Covered Participants	Dependent loses other coverage New dependent	Other	Annual election Conference transfer Continuation Divorced spouse/legal decree New Retiree Regaining eligibility/same plan year Retiree to active No longer eligible for Medicare Secondary Payer Small Employer Exception (MSPSEE) Other
Delete Dependent for Covered Participants	Dependent child ineligible Dependent gains other coverage Divorce		

Please list any special notes regarding the event:

Part 3 – Participant and Dependent Information

- List participant **and** all eligible dependents, including spouse¹, even if declining coverage. If participant is currently enrolled and adding/removing a dependent, list only that dependent’s information.
- Indicate whether or not each individual will be covered. **Important:** If you do not choose “yes” or “no” under the **Cover** column for each dependent listed, we will assume you **do not** want to cover that dependent(s) in HealthFlex.
- Use **Part 8** to provide information on additional dependents.

Name	Social Security #	Birth Date	Relationship	Gender		Disabled		Cover						
				F	M	Yes	No	Medical		Dental		Vision		
								Yes	No	Yes	No	Yes	No	

Part 4 – Elections (Active Employees and Pre-65 Retirees²)

Medical/Pharmacy	Vision	Dental (if applicable)
B1000	Vision Exam Core	Dental PPO
C2000 with HRA	Vision Full Service	Dental Passive PPO 2000
C3000 with HRA	Vision Premier	DHMO
H2000 with HSA	None	None
H2500 with HSA		
H5000 with HSA		
None*		

Notes:

- If no boxes are checked, any individuals who are covered in Part 3 will be enrolled in the default plans.
- Pharmacy, Exam Core vision (unless waived) and behavioral health coverage is included with every medical election.
- None*—If waiving HealthFlex coverage, Plan Sponsor must complete a *HealthFlex Mandatory Coverage Waiver Form*.

Health Care Flexible Spending Account (FSA) (if applicable) \$_____ (prorated annual amount⁴)

Dependent Care FSA (if applicable) \$_____ (prorated annual amount⁴)

Health Savings Account (HSA) personal contribution (if applicable/eligible) \$_____ (prorated annual amount³)

- To enroll into a HSA and to receive the HSA plan sponsor contribution and/or make personal contributions to the HSA, participant must attest to the following:

I have read, understand, and accept the eligibility rules of a Health Savings Account (HSA) and I confirm that I am eligible for an HSA.

I have read, understand, and accept the HealthEquity Terms of Use, the Card Holder Agreement and Custodial Agreement.

- To decline the HSA, participant must check the statement below:

Although I have elected an HSA Plan, I elect to waive the HSA. By waiving the HSA, I acknowledge that I will not receive the HSA plan sponsor contribution and I will not be able to make personal contributions into an HSA.

Regulatory Mailing Preference Election

If you agree to delivery of annual health plan legal and regulatory notices (i.e., notices that explain certain rights and requirements under Medicare Part D, Medicaid/Children’s Health Insurance Program, Women’s Health and Cancer Rights Act, and the HIPAA Notice of Privacy Practices) by email from Wespeth, please note that you have the right to request and receive a paper copy at no cost. You can request a paper copy by contacting the Wespeth Active Benefits Team at 1-800-851-2201 or emailing at activeteam@wespeth.org. Your election to receive these notices by email will remain in place unless you withdraw it. You may withdraw your consent to receive notices electronically at any time by contacting the Wespeth Active Benefits Team. If you withdraw this consent, notices will be sent to you via U.S. mail. You may also update your email address at any time with Wespeth by updating your information in Benefits Access or contacting Wespeth. If we receive notification a notice could not be delivered electronically (i.e., email was undeliverable), Wespeth will mail the notice to the address we have on file for you. Additionally, we will opt you out of electronic delivery for regulatory notices. You can elect to receive notices electronically again at any time by contacting the Wespeth Active Benefits Team or during Annual Election.

I elect to receive regulatory mailings by email

I elect to receive regulatory mailings by US mail

Part 5 – Declination of Coverage Information for Participants

If you are declining to cover yourself or any eligible dependents, it is important you understand certain plan rules. By declining coverage, you are declining coverage for the balance of the current plan year, and all subsequent plan years unless you enroll for such coverage during a subsequent annual election period for coverage commencing on the following January 1. Also, any persons for whom coverage is being declined will be subject to late entrant provisions under the plans. In certain circumstances, you may be able to enroll for coverage for yourself or eligible dependents prior to a subsequent annual election period. These circumstances include marriage, birth, adoption or legal guardianship, or loss of other health insurance as provided under the Health Insurance Portability and Accountability Act of 1996 and change of status rules under HealthFlex.

Please make sure to check with your Plan Sponsor regarding the consequences and rules for declining health coverage as a retired participant.

Part 6 – Participant Signature

I attest that the participant information is true to the best of my knowledge. In addition, if I am an active participant, I have received, read and I understand the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Special Enrollment and Change of Status Event Provisions and the HealthFlex Notice of Privacy Practices, which are included in my New-Hire Enrollment Kit.

If I am unenrolling in HealthFlex coverage to enroll in a health plan through the Affordable Care Act Marketplace/Exchange, I attest that the individuals I have unenrolled have or will enroll in such health plan effective no later than the day immediately following the last day of HealthFlex coverage.

If I am declining coverage, I hereby acknowledge I read, understand and accept the rules listed in Part 5 of this form.

If I am an actively employed participant, I authorize my Salary-Paying Unit to make the appropriate pre-tax payroll deductions from my wages to apply toward my HealthFlex required contributions, if applicable.

Participant signature _____ Date _____

Part 7 – Plan Sponsor Authorization

Plan sponsor signature _____ Date _____

Part 8 – Additional Dependents

Name	Social Security #	Birth Date	Relationship	Gender		Disabled		Cover							
				F	M	Yes	No	Medical		Dental		Vision			
								Yes	No	Yes	No	Yes	No		

Note: You can access a *Summary of Benefits and Coverage (SBC)*, which summarizes important information about any health coverage option offered by your plan sponsor. The SBC is available at benefitsaccess.org; log in and select the **Health** tab across the top, then select **Plan Details** to access the Benefitsolver website. You may need to complete a registration step the first time you use the link. Under the **Reference Center**, select **Summary of Benefits and Coverage (SBC)**. A paper copy is also available, free of charge, by calling **1-800-851-2201**.

- ¹ This applies to same-sex civil union partners or legal domestic partners of lay employees in states that have established civil unions or comprehensive state domestic partnerships if the plan sponsor has elected to provide such coverage through Exhibit D to its adoption agreement.
- ² Pre-65 retirees are not eligible to contribute to a Health Care FSA and/or Dependent Care FSA. In addition, they cannot make personal pre-tax contributions to a Health Savings Account.
- ³ This amount does not include the HSA plan sponsor contribution or any excess defined contribution that will be added to the HSA. Please keep this in mind to avoid exceeding the HSA Annual Contribution Limit established by the Internal Revenue Service (IRS).
- ⁴ This amount cannot be less than what you have contributed to date through HealthFlex. In addition, this amount will be prorated and billed based on the number of months remaining in the plan year.

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to healthteam@wespath.org or
- Fax to **1-847-866-5195** or
- Mail to Wespath Benefits and Investments
Customer Solutions
1901 Chestnut Avenue, Glenview, IL 60025

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at benefitsaccess.org. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.

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:

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

- 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.





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 account¹
- 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 qualified²
- 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 IRAs³
- 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

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.

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 clergy person by the church/charge and/or conference. Cash salary consists of base pay, cash bonuses, equitable compensation, cash allowances, cash to clergy person 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.

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.

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.

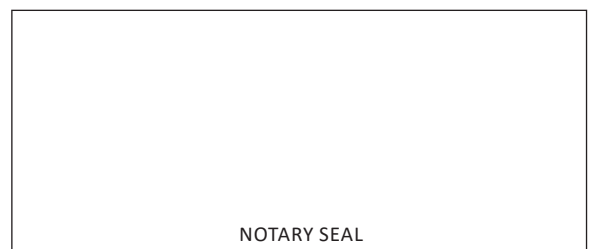
Spouse signature _____ Date _____

Signed in the presence of _____

Notary Public signature _____

Subscribed and sworn before me on this _____

My commission expires _____



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 supersede 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