

Caring For Those Who Serve 1901 Chestnut Avenue Glenview, Illinois 60025-1604 1-800-851-2201 www.gbophb.org

Health Plan Deduction from Benefit Check

HealthFlex program contribution deduction Part I - Participant Information Participant name Participant # Plan sponsor LA Procedure Social Security # Initial deduction Amount to be deducted per month: \$ The amount indicated above will be deducted from the benefit check I receive from one or more of the following plan Retirement Plan for General Agencies (RPGA), Clergy Retirement Security Program (CRSP) [including the Minister Pension Plan (MPP) and Pre-82 Plan], United Methodist Personal Investment Plan (UMPIP), Comprehensive Protection Plan (CPP) and/or Basic Protection Plan (BPP). Change in deduction From: \$ 10 \$ Effective date The new amount will be deducted from the benefit check I receive from one or more of the following plans: RPGA, OUMPIP, CPP and/or BPP. Comments: Note: When a death occurs, deductions are automatically stopped and will not be transferred to the surviving spouse's record. A new election for the surviving spouse must be received by the General Board of Pension and Health Benefits (General Board) to transfer benefits. Part 2 - Authorization and Release Signatures	Check the applicable box:	rr little og dil de og de til litter
Participant name	☐ HealthFlex program contribution deduction ☑ Non-	HealthFlex contribution or premium deductions
Plan sponsor LA Yawaa Con Gerence Social Security # Initial deduction Amount to be deducted per month: \$ Effective date The amount indicated above will be deducted from the benefit check I receive from one or more of the following pla Retirement Plan for General Agencies (RPGA), Clergy Retirement Security Program (CRSP) [including the Minister Pension Plan (MPP) and Pre-82 Plan], United Methodist Personal Investment Plan (UMPIP), Comprehensive Protection Plan (CPP) and/or Basic Protection Plan (BPP). Change in deduction From: \$ to \$ Effective date The new amount will be deducted from the benefit check I receive from one or more of the following plans: RPGA, CUMPIP, CPP and/or BPP. Comments: Note: When a death occurs, deductions are automatically stopped and will not be transferred to the surviving spouse's record. A new election for the surviving spouse must be received by the General Board of Pension and Health Benefits (General Board) to transfer benefits. Part 2 - Authorization and Release Signatures	Part I – Participant Information	
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Amount to be deducted per month: \$	Plan sponsor LA Annual Conference	Social Security #
From: \$ to \$ Effective date The new amount will be deducted from the benefit check I receive from one or more of the following plans: RPGA, CUMPIP, CPP and/or BPP. Comments:	Amount to be deducted per month: \$ Effective. The amount indicated above will be deducted from the benefit che Retirement Plan for General Agencies (RPGA), Clergy Retirement Pension Plan (MPP) and Pre-82 Plan], United Methodist Personal	ck I receive from one or more of the following plans: Security Program (CRSP) [including the Ministerial
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I authorize the General Board to deduct the amount(s) I have elected in Part 1 and apply the deductions toward paymen my required contributions or health insurance premiums (contributions) under the terms of the applicable group health either HealthFlex or, as agreed upon between the General Board and annual conference, the health plan maintained by annual conference. I also authorize the General Board to make changes to these deductions based on any changes in contrib amount due to election changes or otherwise. I acknowledge that I am agreeing to release the General Board, its constitu corporations, directors, officers, attorneys and employees from liability to me, my spouse, my alternate payee, my hamed beneficiaries, or successors in interest, for any damages which result from any action or omission taken in reliance this instrument.	Part 2 – Authorization and Release Signatures I authorize the General Board to deduct the amount(s) I have elected in my required contributions or health insurance premiums (contributions either HealthFlex or, as agreed upon between the General Board and a annual conference. I also authorize the General Board to make changes to amount due to election changes or otherwise. I acknowledge that I am corporations, directors, officers, attorneys and employees from liable named beneficiaries, or successors in interest, for any damages which rethis instrument.	n Part 1 and apply the deductions toward payment of ns) under the terms of the applicable group health plan, annual conference, the health plan maintained by the o these deductions based on any changes in contribution agreeing to release the General Board, its constituent ility to me, my spouse, my alternate payee, my heirs, esult from any action or omission taken in reliance on
Participant signature Date		
Plan sponsor signature Date		
Plan administrator signature Date	Plan administrator signature	Date

Please mail this completed form to the General Board of Pension and Health Benefits, Distributions Team, 1901 Chestnut Avenue, Glenview, Illinois 60025. Be sure to keep a copy for your records.

Or you may fax it to the Distributions Team at 1-847-866-2736.