

# SECTION 125 PLAN CLERGY SALARY REDUCTION AGREEMENT

(Must be completed and provided to your church payroll administrator prior to the start of the Section 125 Plan Year)

Church/Employer \_\_\_\_\_

Clergy Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Section 125 Plan Year Start Date: January 1, \_\_\_\_\_

Yes, I wish to participate in the Section 125 Plan provided by my employer. Please make all eligible payroll deductions for TAC Group Health Benefits (GHB) contributions/premiums (as indicated below) **before** taxes through the Section 125 Plan.

No, I do not wish to participate in the Section 125 Plan provided by my employer at this time.

## Section 125 Plan Clergy Monthly Pre-Tax Deductions

Amounts below can be found on the [TAC Pension and Group Health Benefits Calculator](#)

Clergy Medical Monthly Contribution: \_\_\_\_\_

Clergy Dental Monthly Premium: (if enrolled) \_\_\_\_\_

Clergy Vision Monthly Premium: (if enrolled) \_\_\_\_\_

Clergy Total Group Health Monthly Contributions \_\_\_\_\_

I agree that the amount by which my compensation is reduced may increase or decrease over the period of which this election is effective to reflect changes in the cost of my insurance coverage. I agree that my salary reduction election for insurance contributions/premiums only shall remain in effect from year to year until I revoke it. I understand that I may revoke my election to participate only at the end of a Plan Year unless there is a qualifying change in my family status (e.g., marriage, divorce, death, birth, adoption, change of employment or significant change in premiums/coverage) and I make the change within 30 days of the event.

I hereby acknowledge notification of all benefits under the Plan. I understand that the selection of an insurance benefit does not necessarily include me in the Plan. I understand that notice of eligibility for TAC Group Health Benefits (GHB) coverage must be provided by the TAC Benefits Office and a completed TAC GHB Enrollment Form must be submitted within the appropriate enrollment period to be included in the Plan. I hereby release my employer, its officers, agents and employees from any legal liability or obligation for any cause or reason in connection with this Plan, except for willful misconduct or gross neglect.

\_\_\_\_\_  
Clergy Signature

\_\_\_\_\_  
Date