



2017 PAYROLL WITHHOLDING SUMMARY FOR CONFERENCE BENEFIT PLANS

Instructions: Use this form to inform your **local church/salary-paying unit** of your plan elections/payroll withholding for the 2017 plan year. **DO NOT** send the Conference benefits office a copy of this form – it is solely for your planning purposes. This form **does not** enroll you in any plans.

Name (print) _____

Signature _____

Date _____

Health Plan—*I have elected to enroll in the following plan for 2017:*

- Employee Only**, at no additional expense to me.
- Employee + One**, requiring \$283.00 per month to be withheld from my pay.
- Family**, requiring \$441.00 per month to be withheld from my pay.

Dental—*I have elected to enroll in the following plan for 2017:*

- Employee Only**, requiring \$27.52 per month to be withheld from my pay.
- Employee + Spouse**, requiring \$57.50 per month to be withheld from my pay.
- Employee + Child(ren)**, requiring \$70.10 per month to be withheld from my pay.
- Family**, requiring \$101.28 per month to be withheld from my pay.
- I have elected not to enroll in the dental plan for 2017.**

Vision—*I have elected to enroll in the following plan for 2017:*

- Employee Only**, requiring \$8.70 per month to be withheld from my pay.
- Employee + Spouse**, requiring \$13.91 per month to be withheld from my pay.
- Employee + Child(ren)**, requiring \$14.20 per month to be withheld from my pay.
- Family**, requiring \$22.90 per month to be withheld from my pay.
- I have elected not to enroll in the vision plan for 2017.**

Health Savings Account (HSA)

- \$_____ amount I am requesting **ANNUALLY** to be withheld and deposited in my HSA.
- I have elected *not* to contribute towards a HSA through payroll withholding for 2017.

United Methodist Personal Investment Plan (UMPIP) Election

- \$_____ or _____% **MONTHLY** I am requesting to be withheld for UMPIP.
- This withholding should be Before-Tax After-Tax
- I have elected *not* to contribute towards my UMPIP for 2017.

Additional Federal Taxes

- \$_____ Amount I am requesting **MONTHLY** to withhold for Federal Income Tax.

Additional State Taxes

- \$_____ Amount I am requesting **MONTHLY** to withhold for State Income Tax.

Return to your Local Church/Salary-Paying Unit ONLY