

# **Adoption Agreement for Section 125 - Flexible Benefits Plan**

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The undersigned, \_\_\_\_\_ United Methodist Church, by executing this Adoption Agreement, hereby adopts the Section 125 – Flexible Benefits Plan as of the Effective Date set forth in Section 1 of this Adoption Agreement.

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## **Section 1 - Effective Date**

The “Effective Date” shall be the first day of the plan year following the date upon which the *Finance Committee* of the above stated local church has accepted this Adoption Agreement.

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## **Section 2 - Eligibility For Participation**

The local church elects to offer the Section 125 – Flexible Benefit Plan to their pastor(s) and all part-time and full time employees. (Temporary and seasonal employees are not eligible.)

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## **Section 3 - Required Participant Contributions**

The local church elects to submit monthly to the East Ohio Conference Treasurer’s Office the required contribution as stated on each participant’s election form.

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## **Section 4 – Limits of Participant Contributions**

A participant’s monthly contribution cannot exceed their monthly compensation. The contribution amount for the medical reimbursement account cannot exceed the plan maximum of \$ \_\_\_\_\_ (\$3600 is the recommended limit.) The contribution for the dependent care account cannot exceed the IRS limit of \$5000 in a Plan Year.

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## **Section 5 – Financial Liability**

The local church will fund the participants’ total contribution election amount regardless of the amount withheld from participants’ pay as long as qualified expense incurred while under employment.

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**Section 6 – Deadline for Plan Year Reimbursements**

The participants must file claims for reimbursements within 90 days following the last day of the Plan Year.

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**Section 7 – Plan Year Elections**

The local church elects to distribute to all eligible participants the Flexible Benefits Plan Participant Handbooks and Election Forms and send elections to the Conference Benefits Office to be received no later than the last day prior to the first day of the Plan Year.

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**Section 8 – Adoption**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ the undersigned, a duly authorized representative of the \_\_\_\_\_ (local church), hereby declares the local church's desire to adopt the Section 125- Flexible Benefits Plan and hereby certifies that the local church's appropriate governing board has: 1) authorized the local church's adoption of Section 125- Flexible Benefits Plan as of the Effective Date set forth in Section 1 of this Adoption Agreement and as set forth herein; and 2) directed the undersigned to execute this Adoption Agreement on behalf of the local church.

**PLEASE TYPE OR PRINT:**

Name of signatory: \_\_\_\_\_ Title \_\_\_\_\_

*Signature*

On behalf of local church: \_\_\_\_\_ Date \_\_\_\_\_

Name of local church: \_\_\_\_\_

Address: \_\_\_\_\_

District: \_\_\_\_\_

Name of local church Plan Administrator: \_\_\_\_\_

Phone number of the Plan Administrator: \_\_\_\_\_

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Please retain copies of this form for the church's records.

Please send completed original 'Adoption Agreement' form to:

**Betsy Stewart – Benefits Manager  
East Ohio Conference  
8800 Cleveland Ave. N.W., P.O. Box 2800  
North Canton, Ohio 44720**