



Flexible Benefit Plan Election & Salary Redirection Agreement Form – 2026 Plan Year

Employer Name: _____ Employer ID # _____

Employer Email: _____

Employee Name: _____ Employee ID # _____

Employee Email: _____

As an eligible employee in my employer's adoption of the Flexible Benefit Plan for UCC Ministries Prototype Document ("Plan"), I hereby make the following Plan elections, subject to the rights and obligations set forth in the Plan document. I understand that this election relates to the 2026 plan year only (January 1, 2026 – December 31, 2026) and I must make a new election each year to participate.

My health coverage is through my spouse's/domestic partner's* UCC Medical, Dental and Vision Plan.

Spouse/Domestic Partner Name: _____

I elect to participate in the Premium Payment Plan for the plan year. This means that all of my eligible benefit premiums will be paid on a pre-tax basis.

I elect to participate in the Health Care Reimbursement Plan for the plan year.

The amount of my Health Care Reimbursement Plan election is \$ _____ ; OR

The amount of my Health Care Reimbursement Plan election is the highest annual amount permitted by the IRS. (The IRS maximum for 2025 was \$3,300; the 2026 maximum has not yet been announced.)

NOTE: The maximum annual health care reimbursement election is the highest allowable by the IRS; the minimum amount is \$100. Up to \$680 of any unused dollars elected can be carried over to the next plan year. Other than this \$680, the Plan is a "use it or lose it" program as required by the IRS. You have until March 31 following each plan year to submit claims for expenses incurred in the prior plan year.

Reimbursements will be made only for "qualifying medical care expenses," as described in the Plan document.

I elect to participate in the Dependent Care Assistance Program for the plan year

The amount of my Dependent Care Assistance Program election is \$ _____.

NOTE: The maximum annual dependent care reimbursement election is \$7,500; the minimum is \$100. The Plan's grace period allows you to submit claims incurred prior to March 15 of the next plan using any remaining dependent care reimbursement funds. Other than the grace period, the plan is a "use it or lose it" program as required by the IRS. You have until March 31 following each plan year to submit claims for expenses incurred in the prior plan year (or until the immediately following April 30 for any claims incurred during the applicable grace period). Reimbursement will be made only for "qualifying dependent care expenses" (employment-related child care expenses, for example), as described in the Plan document.



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TERMS AND CONDITIONS

As a condition of Plan participation, I understand and agree to the following:

- I agree to notify the Pension Boards and my Employer if I have reason to believe that any expense for which I have obtained reimbursement under the Plan is not a qualifying expense. I also agree to indemnify and reimburse my Employer on demand for any liability it may incur for failure to withhold federal, state, or local income tax or Social Security tax from any non-qualifying Plan reimbursement.
- I understand that I can receive reimbursement for my domestic partner's medical expenses only if I claim them as a dependent for federal income tax purposes.
- I agree to provide the Pension Boards with the documentation it requires to substantiate that an expense has been incurred, including a statement from the service provider that includes the service provider's name, address and, if applicable, taxpayer identification, as well as the nature and amount of the expense incurred.
- I understand that this agreement (and my corresponding Plan participation) will automatically terminate if the Plan is terminated, if my Employer ceases to participate in benefits offered through the Pension Boards or if I otherwise lose Plan eligibility (I terminate employment, for example).
- I understand that I cannot change or revoke any of my Plan elections or this salary redirection agreement during the plan year, unless I have a change in status event and my new election is consistent with such change.
- The Pension Boards or my Employer may reduce or cancel my salary redirection or otherwise modify this agreement in the event it believes it advisable or necessary in order to satisfy applicable law, including the Internal Revenue Code.
- I authorize the reduction of my cash compensation pursuant to this agreement and understand that this reduction shall be in addition to any reductions under other agreements or benefit programs maintained by my Employer.
- Any salary redirection amounts that are not used during a plan year to provide benefits will be forfeited and may not be paid to me in cash or used to provide benefits specifically for me in a later plan year, except as otherwise provided by the Plan.
- I understand that prior to the first day of each plan year, I will be offered the opportunity to change or terminate my Plan benefit elections effective for the following plan year. If I do not complete and return a new election form at that time, I will be treated as having elected not to participate in the Plan for the following plan year.
- I understand that any contributions I elect to make to the Plan must be on a pre-tax basis, thereby reducing my taxable compensation. I also understand that my Employer cannot make contributions on my behalf to this Plan and that ineligible contributions will be returned to my Employer.

THIS FLEXIBLE BENEFIT PLAN ELECTION & SALARY REDIRECTION AGREEMENT IS SUBJECT TO THE TERMS OF THE PLAN DOCUMENT, AS AMENDED FROM TIME TO TIME, AND SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS. THIS AGREEMENT REVOKES AND SUPERCEDES ANY PRIOR ELECTION AND SALARY REDIRECTION AGREEMENT UNDER THE PLAN.

SIGNATURE	
Employee signature	Date
Accepted and agreed to by the Employer's Authorized Representative:	Date

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.