Horizon TEXAS
CONFERENCE OF THE UNITED METHODIST CHURCH

Dear HealthFlex Clergy Participant:

The 2026 Horizon Texas Annual Conference passed legislation presented by the Board of Pensions and Health Benefits (BOPHB) to provide a health insurance subsidy to qualified participants. The attached form asks for information to determine your eligibility.

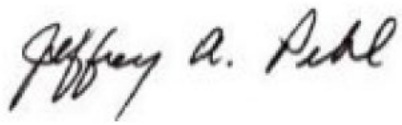
**The primary requirements to be considered include:**

- **You must currently be (or will be in CY 2027) enrolled in the HealthFlex Health Benefits Plan Family or Participant + 1 Tier.**
- **Your salary must not exceed 125% of the HTC of the minimum compensation for your clergy classification.**
- **Your spouse must be ineligible to receive health insurance coverage through their employer.**

If you are interested in applying for this subsidy, please complete the information on the next page. Since this is the first time we have offered this subsidy, we ask that interested participants submit an application. This will help us to refine the program going forward as the BOPHB seeks to implement a plan that is sustainable over the long run.

The due date for this form is December 1, 2026, and should be submitted to Ms. Shawn-Marie Riley using her secure submission link.

Blessings,



Rev. Jeffrey A. Pehl
HTC Benefits Officer

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**2027 Health Insurance Need-Based Grant Application**

In 2027, the Horizon Texas Conference has made available a need-based grant program for clergy with family or participant+1 insurance coverage with compensation below 125% of the conference set minimum compensation salary level. (This cannot be achieved by moving a greater amount into housing allowance.) The grant application is for clergy appointed to a church where dependent benefits are not fully provided by the church as reported on the 2027 Compensation Report. In addition, you must not qualify for any other HealthFlex subsidies, and your spouse must not have coverage available through their employer. The maximum grant amount available from the program is $7,200 ($600 per month) for family coverage and $3,600 ($300 per month) for participant+1 coverage per approved enrollment for the year. If approved, the grant is issued as credit to the monthly insurance invoice.

**Name of Pastor:** _____ **Charge:**_____

**HealthFlex Tier 2027:** ☐ **Family** ☐ **Participant+1**

***Enter from 2027 Compensation Report:***

**Total Base Compensation Part 2A, Line #4 (Combine for multi-point charge) $** _____

**Parsonage** ☐ **or Total Housing Allowance Amount (Combine for multi-point charge) $** _____

**Optional Church Contribution for Dependent Coverage Part 5, Line #21 $**_____

**Clergy Premium Responsibility (Salary Deduction) Above Church Premium Contribution (Part A, Line #11 $**_____

**Do you have access to other health insurance for the family through a spouse, former employer, or Tricare?** ☐ **Yes** ☐ **No**

**If yes, what is that other coverage?**_____

***To support my request for a grant, I am providing the following financial information:***

| **Sources of monthly income:** | | **Monthly expenditures:** | |
|---|---|---|---|
| **Pastor** | **$**_____ | **Mortgage/Rent** | **$** _____ |
| **Spouse** | **$** _____ | **Utilities** | **$** _____ |
| **Income All Other Sources** | **$** _____ | **Loan Payments** | **$** _____ |
| **Total Income** | **$** _____ | **Credit Card Payments** | **$** _____ |
| | | **All Other Living Expenses** | **$** _____ |
| | | **Total expenses** | **$** _____ |

**Other circumstances which substantiate the need for the Family Coverage Health Insurance Grant:**

_____

_____

_____

***All the information presented is true and accurate to the best of my knowledge.***

**Applicant Signature** _____ **Date** _____

**Secure Submission Link:** Click here to upload application.

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## To be completed by the Conference:

**Amount of grant: $** _____

**Signature of Conference Benefits Officer** _____