ANNUAL PREMIUM MUST ACCOMPANY ENROLLMENT APPLICATION
Please mail your completed application along with your payment to:
The Pension Boards-United Church of Christ, Inc.
75 Remittance Drive
Suite 1592
Chicago, IL 60675-1592

The Pension Boards
United Church of Christ, Inc.

UCC Vision Benefits Plan Enrollment Application

PERSONAL INFORMATION		
Social Security Number:	Name of employee (last, first, middle initial)	□ Clergy □ Lay
Address (number and street)	City/State/ZIP	
Telephone number (with area code) ( ) –	E-mail address @	
Relationship Status: □ Single □ Married □ Domestic Partnership	Title: □ Ms. □ Mr. □ Rev. □ Dr.	

PROVIDE EMPLOYEE AND DEPENDENT(S) INFORMATION BELOW
(Use additional sheet if necessary)

Name (last, first, middle initial)	Relationship to participant	Date of birth (mm/dd/yr)	Social Security Number	Gender
	Self		XXX-XX-XXXX	
	Spouse/Partner			

Employee: Please read and sign below. (Unsigned applications will be returned.)
□ I hereby enroll in the UCC Vision Benefits Plan option indicated below.

ANNUAL PREMIUMS
Vision Plan premiums are payable in one annual payment. Please send your payment along with this completed application, postmarked no later than March 15, 2022 to the address above.

Single Adult	□ $100	One Adult with Child(ren)	□ $164
Two Adults	□ $183	Two Adults with Child(ren)	□ $249

SIGNATURE

Employee's signature	Date

EMPLOYER INFORMATION (if applicable)

Name of employer	Employer ID #	Date of hire	Hours worked per week
Address (number and street)		City/State/ZIP	

Please return to the Pension Boards at the address indicated above, and retain a copy for your records.

The Pension Boards United Church of Christ | 800.642.6543 | fax: 212.729.2701 | info@pbucc.org | www.pbucc.org