



Application for Ministerial Assistance

Mail completed Application to
Pension Boards – UCC
Attention: Ministerial Assistance
475 Riverside Drive, Room 1020
New York, NY 10115-0059

For application questions or assistance
email our office at MinisterialAssistance@pbucc.org
or call 800-642-6543, Ext. 2716

For more information about Ministerial Assistance programs
visit www.pbucc.org.

Name (<i>last, first, middle initial</i>)	Member ID Number
Address (<i>number and street</i>)	City/State/ZIP
Telephone Number (<i>with area code</i>) ()	Mobile Phone Number (<i>with area code</i>) ()
E-mail Address	
Date of Birth	Gender
My contact information has changed in the past two years	

UCC / PB STATUS:

UCC Authorized Minister	Spouse / Partner of a UCC Authorized Minister
UCC Lay Employee	Spouse / Partner of a UCC Lay Employee

SPOUSE / PARTNER / POA INFORMATION

Marital Status:	
Single	My Spouse / Partner has died
Married / Domestic Partnership	My Spouse / Partner and I have divorced / separated
I have remarried	My Spouse / Partner and I have divorced / dissolved our domestic partnership
If your legal name has changed as a result of divorce or marriage, please indicate your new name.	
Spouse / Partner name (<i>if applicable</i>)	Spouse / Partner date of birth (<i>if applicable</i>)

List someone we may contact if we are unable to reach you regarding this Ministerial Assistance application.

Name <i>(last, first, middle initial)</i>		E-mail Address	
Address <i>(number and street)</i>		City/State/ZIP	
Home Telephone Number <i>(with area code)</i> ()		Cell Phone Number <i>(with area code)</i> ()	
Does this person have your legal Power of Attorney?		Yes	No
Relationship:			

HISTORY OF MINISTERIAL SERVICE

Name <i>(last, first, middle initial)</i>		Member ID Number	
Category of authorization? <i>(if applicable)</i> Licensed Commissioned Ordained		Ordination Date	
What Conference/Association holds your standing?		How many years of service in the UCC do you have?	

Clergy and lay employees are to complete the following employment information for yourself or your late spouse/ partner. Attach an additional sheet if necessary.

Church Name or UCC Organization	City / State	From	To

FAMILY INFORMATION

Name(s) of living child(ren)	Year of Birth	Nature and extent of any assistance
If children are unable to assist, please explain.		
Are there other family members who are able to assist? If so, please list the nature and extent of assistance.		
Do you have financial responsibility for anyone other than your spouse / partner?	Yes	No
If yes, please identify the person(s) and nature of the obligation(s):		

ACCOUNT INFORMATION

Are you in the UCC Health Non-Medicare Benefits Plan or UCC Medicare Supplement Plan?	Yes	No
Are you in the UCC Dental Benefits Plan?	Yes	No
Have you annuitized? Yes No	If you have an annuity, what date did you annuitize?	
<p>Are you?</p> <p>Fully retired / on disability Employed part-time</p> <p>Employed full-time Employed occasionally</p>		

CURRENT ASSETS

If you currently own, or are in the process of purchasing, a home or other dwelling, what is its estimated value together with that of the land on which it is located?	\$	
If you neither own nor are purchasing a home, please check the option that best indicates your housing arrangements:		
Rent Live with relative in their home	Nursing Home / Skilled Nursing Retirement Center	
How much money is in your checking account today?	\$	
How much money is in your savings account today?	\$	
What is the approximate value of stocks, bonds, CDs, mutual funds, cash?	\$	
If you own a car, please indicate.	Make: Model : Year:	
If you own an RV, boat or second home, please describe:		
Do you or your spouse / partner expect to receive an annuity or pension (other than UCC) or grant at a later date?	Yes No	
<i>If you answered "Yes" to the previous questions in this section, please provide the following information:</i>		
Source of Annuity / Pension/ Grant	Start Date	Amount
Other financial assets not listed above		
If a grant were to be provided, do you wish to have it electronically transferred to your bank account? If you are already set up for direct deposit, we will use that account unless otherwise notified. Yes No		

FINANCIAL DEBT

Amount Owed	Payable to	Reason Debt Incurred

DESCRIPTION OF CIRCUMSTANCES

Use this space to describe any special circumstances that necessitate a new or continuing Ministerial Grant

Member's Signature

Date

ANTICIPATED ANNUAL HOUSEHOLD INCOME

Wage or Salary	\$
Spouse / Partner Wage or Salary	\$
Annuity from PBUCC	\$
Other pensions, annuities, IRAs, etc. and the value of each	\$
Social Security Amount	\$
Spouses / Partner's Social Security Amount	\$
Rental Income	\$
Stock Dividends	\$
Savings on bond interest	\$
Income from person living with you	\$
Public assistance, including food stamps	\$
Aid from family or friends	\$
Other income (<i>Reverse mortgage or other, please describe</i>)	\$
Income Subtotal	\$

GRANT INCOME

Pension Supplementation from PBUCC	\$
Ministerial Assistance Grant from PBUCC	\$
Christmas Thank You Check from PBUCC	\$
Grant(s) from other source(s)	\$
Annual Grant Subtotal	\$

TOTAL ANTICIPATED ANNUAL HOUSEHOLD INCOME	\$
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ANTICIPATED ANNUAL HOUSEHOLD EXPENSES

Rent	\$
Mortgage	\$
Nursing Home / Skilled Nursing	\$
Retirement Home	\$
Groceries (<i>include food, toiletries, laundry supplies</i>)	\$
Clothing (<i>including dry cleaning</i>)	\$
Utilities (<i>gas, water, heating, electricity, internet</i>)	\$
Telephone / Cell Phone	\$
Home repair or maintenance (<i>including lawn care and snow removal</i>)	\$
Automobile (<i>fuel, maintenance</i>)	\$
Automobile repair	\$
Automobile insurance	\$
Life insurance	\$
Health insurance (<i>exclusive of Medicare</i>)	\$
Dental insurance	\$
Home / property insurance	\$
Real estate tax	\$
Local / County / State Taxes	\$
Contributions to church and charities	\$
Personal care	\$
Out-of-pocket medical / dental expenses (<i>not covered by insurance</i>)	\$
Homemaker Service	\$
Transportation (<i>other than automobile expenses</i>)	\$
Other expenses, please describe	\$
TOTAL ANTICIPATED ANNUAL HOUSEHOLD EXPENSES	\$