

INSTRUCTIONS

Please complete all required information and sign your enrollment application. Any incomplete, unsigned application will be returned and not accepted by the Pension Boards.

Eligible employees must enroll in the UCC Dental Benefits Plan within 90 days of initial UCC employment.

“**Employee**” means the primary subscriber who is enrolled in and covered by the UCC Dental Benefits Plan.

“**Dependent(s)**” includes the spouse or domestic partner and children.

Employer signature is required if UCC Dental Benefits Plan contribution rates are paid by the employer.

Please be sure to list all dependents to be covered under your policy with the UCC Dental Benefits Plan. Use an additional sheet of paper if necessary.

QUESTIONS? NEED ASSISTANCE?

The Pension Boards staff is available to assist you in this important process. Please feel free to contact a Member Services Representative toll-free at **1.800.642.6543, Option 6**, or by e-mail at **info@pbucc.org**.



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