The Pension Boards
United Church of Christ, Inc.

UCC Medical and Dental Benefits Enrollment Application

PERSONAL INFORMATION

Social Security Number	Name of employee *(last, first, middle initial)*
Address *(number and street)*	City/State/ZIP
Telephone number *(with area code)* ( ) –	E-mail address @

Relationship Status:	Title:	Do you or any member of your family have other medical coverage?	Is this your first UCC employment?
☐ Single ☐ Widowed ☐ Married ☐ Civil Union ☐ Divorced ☐ Domestic Partnership	☐ Ms. ☐ Mr. ☐ Rev. ☐ Dr.	☐ Yes ☐ No If yes, list carrier name and address:	☐ Yes ☐ No

Ordination Date *(if applicable)*:	Date of Marriage or Domestic Partnership *(only if enrolling spouse/partner)*:

Plan(s) Elected:

Medical

Selected Medical Plan Option (check one only): ☐ Plan A ☐ Plan B ☐ Plan C ☐ HSA

Dental

Selected Dental Plan Option (check one only): ☐ Dental 2000 Plan ☐ Standalone Dental *(only if no Medical is elected)*

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 certify that the adult child(ren) listed above is (are) not eligible to enroll in an eligible employer-sponsored health plan. If my status or my dependent's status changes, I agree to notify the Pension Boards immediately. I hereby enroll in the UCC Medical Benefits Plan Option indicated below.

SIGNATURE

Employee signature	Date

EMPLOYER INFORMATION

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

Employer Signature	Date signed

MDEA 2019 1-2019

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 Medical Benefits Plan within 90 days of initial UCC employment. Late applicants will need to provide a completed Statement of Health form for themselves and each dependent applying for coverage. This form is available on our website at **www.pbucc.org**.

Eligible employees must enroll in the UCC Dental Benefits Plan within 90 days of initial UCC employment. Late applicants will need to apply for the UCC Dental 750 Plan during the annual open enrollment held in October of each year. Benefits will then begin on January 1 of the next Plan Year. This form is available on our website at **www.pbucc.org**.

"Dependent(s)" includes the spouse or domestic partner and children. Please be sure to list all dependents to be covered under your policy with the UCC Medical and Dental Benefits Plan. Use an additional sheet of paper if necessary.

Employer Signature is required if UCC Medical and Dental Benefits Plan contributions are to be paid by the employer.

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**, or by e-mail at **info@pbucc.org**.

Please return completed form to the Pension Boards
via fax at 212.729.2701 or email at info@pbucc.org
Please retain a copy for your records.

475 Riverside Drive, Room 1020 New York, NY 10115 | 800.642.6543 | fax: 212.729.2701 | info@pbucc.org | www.pbucc.org