



The Pension Boards
United Church of Christ, Inc.

ANNUAL PREMIUM MUST ACCOMPANY ENROLLMENT APPLICATION
Please mail your completed application along with your payment and any lapsed premium amount* to:
The Pension Boards-United Church of Christ, Inc.
75 Remittance Drive
Suite 1592
Chicago, IL 60675-1592
*Please contact us at **1.800.642.6543, ext. 2870** if you have had a lapse in coverage.

UCC Vision Benefits Plan Enrollment Application

PERSONAL INFORMATION				
Social Security Number:	Name of employee (last, first, middle initial)			<input type="checkbox"/> Clergy <input type="checkbox"/> Lay
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 vision coverage?		
<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partnership	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list carrier name and address:		
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. <input type="checkbox"/> 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, and any lapsed premium amount*, along with this completed application, postmarked no later than March 15, 2018 to the address above.				
Single Adult <input type="checkbox"/> \$100	One Adult with Child(ren)		<input type="checkbox"/> \$164	
Two Adults <input type="checkbox"/> \$183	Two Adults with Child(ren)		<input type="checkbox"/> \$249	
SIGNATURE				
Employee's signature			Date	
EMPLOYER INFORMATION				
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.