



**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 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) <span style="float: right;"><input type="checkbox"/> Clergy   <input type="checkbox"/> Lay</span>
Address (number and street)	City/State/ZIP
Telephone number (with area code) (      )         -	E-mail address <span style="float: right;">@</span>
Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership	Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Rev. <input type="checkbox"/> 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, and any lapsed premium amount*, along with this completed application, postmarked no later than March 15, 2021 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 (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.**