The Pension Boards
United Church of Christ, Inc.
WHERE FAITH AND FINANCE INTERSECT

UCC Vision Benefits Plan Enrollment Application

Employer ID: _____
Member ID: _____

EMPLOYEE PERSONAL INFORMATION

Name of Member (last name, first name): _____

Address: _____ City_____ State _____ZIP_____

SSN: _____ DOB: _____ Gender: _____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____ Email: _____

Please return your completed application to **Member Services** at info@pbucc.org or by fax to 212.729.2701. Completed enrollment forms can also be mailed to: Pension Boards-UCC, 475 Riverside Drive, Room 1020, New York, NY 10115.

To ensure timely filing, applications submitted for the 2025 Plan Year must be received by **February 15, 2025**.

□ I hereby enroll in the UCC Vision Benefits Plan option selected below:

Single Adult	□	$110.00	One Adult with Child(ren)	□	$180.40
Two Adults	□	$201.30	Two Adults with Child(ren)	□	$273.90

DEPENDENT INFORMATION - List any dependents that should have coverage.

Name	Relationship to Participant	Date of Birth	Social Security Number	Gender
		/ /		
		/ /		
		/ /		
		/ /		

EMPLOYEE (Member) AGREEMENT

By signing this form, I hereby enroll in the UCC Dental Benefits. If my status or my dependent's status changes, I agree to notify the Pension Boards immediately.

Self-Pay Members: Billing Preference (Please choose one):

[ ] I agree to have my annual vision premium deducted from my monthly annuity payment. Your monthly annuity benefit must be large enough to accommodate this deduction. If not, you will receive an annual bill instead. Minimum threshold to pay out is at least $50 monthly in annuities.
[ ] I agree to accept a monthly e-bill notice which will instruct me to login and pay online via www.pbucc.org.

Member Signature: _____ Date: _____/_____/_____

EMPLOYER AGREEMENT

Employer signature is not required for self-pay Vision Benefits. Employer signature is required if employee is eligible for any insurance benefit offered by PBUCC.

If you are a new Employer to the Pension Boards, you must complete a **Church Plan certification form** and **Qualified Church-Controlled Organization (QCCO) form** and submit it to the Pension Boards at the address listed below or attach the forms to the application for enrollment.

By signing this form, the Employer, by its duly authorized officer or other representative, hereby agrees to the provisions, rules, and procedures with respect to eligibility and contributions as indicated on this application, and in alignment with the Employer Adoption Agreement.

Employer ID: _____

Employer Name: _____

Employer Address: _____ City:_____ State: _____ ZIP: _____

Signature of authorized officer: _____ Date: _____/_____/ _____

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.