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

Flexible Benefit Plan for UCC Ministries
Change in Status Election Form

Member ID: _____

PERSONAL INFORMATION

SSN: _____ Date of Birth: _____ Gender: [ ] M [ ] F Status: _____

Name of Member (last, first, middle initial): _____Title: _____

Address: _____ City_____ State _____ ZIP_____

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

PLAN YEAR

From (date): _____ Through (date): _____

[ ] As an eligible employee in the Flexible Benefit Plan for UCC Ministries, I acknowledge that I have read the Highlights Brochure and understand the benefits available to me as well as the other rights and obligations which I have under the plan.

CHANGE IN PERSONAL STATUS

As an eligible employee in the Flexible Benefit Plan for UCC Ministries, I am entitled to revoke my prior benefit election and enter into a new election in the event of certain changes in status.

I understand that the change in my benefit election must be necessitated by and consistent with the change in status and that the change must be acceptable under the Regulations issued by the Department of the Treasury.

I certify that I have incurred the following change in status:

[ ] Marriage

[ ] Divorce, legal separation or annulment

[ ] Birth, adoption or placement for adoption for a child

[ ] Death of my spouse and/or dependent

[ ] Termination or commencement of employment by my spouse or dependent

[ ] Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse, or dependent or reduction or increase in hours, strike or lockout

[ ] I, my spouse or dependent have taken an unpaid leave of absence

[ ] A change in the residence or worksite of myself, my spouse or dependent

[ ] Other: _____

The Administrator may require you to provide evidence to document the event which requires the change of election.

TYPE OF ELECTION CHANGE

[ ] **FSA Enrollment –** Please complete and return your complete Annuity Membership and Other Benefits form to the Pension Boards along with this form.

[ ] **FSA Revocation*** - I hereby revoke my benefit election and compensation reduction agreement and under the Flexible Benefit Plan for UCC Ministries with the respect to the following coverages effective _____:

[ ] Medical Expense Reimbursement

[ ] Dependent Care Reimbursement

IMPORTANT ADDITIONAL TERMS AND CONDITIONS

I understand that:
• I must complete all required information and sign the form. Any incomplete, unsigned form will be returned and not accepted by the Pension Boards.

***This revocation may not be effective prior to the first day of the next Plan Year unless it meets one of the criteria listed above. The effective date of revocation must be the first of the month following completion of this form.**

SIGNATURE

Member Signature _____ Date: _____

Accepted and agreed to by the Employer's authorized representative:

Signature of treasurer or other authorized officer: _____ Date: _____

Please return this signed and completed form to info@pbucc.org or The Pension Boards, 475 Riverside Drive, Suite 1020, New York, NY 10115