The Pension Boards
United Church of Christ

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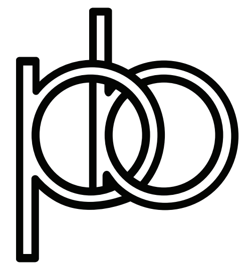

Medicare Supplement Enrollment Application

Participant Information

Social Security Number	First name	Middle initial	Last name

Address 1	City	State	Zip	Country
Address 2				
Address 3	E-mail Address			
Telephone Number				

Marital Status:

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed

Same-Gender:

- ☐ Married
- ☐ Civil Union
- ☐ Domestic Partnership

Do you or any member(s) of your family have other medical coverage? ☐ Yes ☐ No

If yes, list carrier name and address:

PROVIDE PARTICIPANT 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 (M/F)
	Self		XXX-XX-XXXX	
	Spouse/Partner			

Participant: 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 Medicare Supplement Health Plan.

Are you enrolled in Medicare Part A? ☐ Yes ☐ No Medicare Part B? ☐ Yes ☐ No

SIGNATURE

Participant's signature	Date

TO BE COMPLETED BY EMPLOYER
(if applicable, see reverse)

Name of employer	Date of hire	Hours worked per week

Address (number and street)	Signature
City/State/ZIP	Date signed

Please return the original to the Pension Boards, and retain a copy for your records.

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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 Medicare Supplement Health Plan within 90 days of initial UCC employment.

"Participant" means the primary subscriber who is enrolled in and covered by the UCC Medicare Supplement Health Plan.

"Dependent(s)" includes the spouse or same-gender domestic partner and children.

Employer Signature is required if UCC Medicare Supplement Health Plan contribution rates are paid by the employer.

Please be sure to list all dependents to be covered under your policy with the UCC Medicare Supplement Health Plan. Use an additional sheet of paper if necesary.

QUESTIONS? NEED ASSITANCE?

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 **800.642.6543, Option 6**, or by e-mail at **info@pbucc.org**.

The Pension Boards administers
comprehensive employee benefits programs
for the United Church of Christ,
providing the highest standards of service,
access and options to active and retired
UCC clergy and lay employees.

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