Pension Boards
United Church of Christ

Health Plan Operations
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Cleveland, OH 44115

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Extension of Medical Benefits Coverage for Adult Children Under Age 26

PERSONAL INFORMATION		
Participant Social Security Number:	Name of participant *(last, first, middle initial)*	☐ Clergy ☐ Lay
Address *(number and street)*	City/State/ZIP	
Telephone number *(with area code)* ( ) –	E-mail address @	

PROVIDE INFORMATION BELOW FOR ADULT CHILDREN UNDER AGE 26
(Use additional sheet if necessary)

Name *(last, first, middle initial)*	Relationship to participant	Date of birth *(mm/dd/yr)*	Social Security Number	Gender

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.

SIGNATURE	
Participant's signature	Date

Instructions

Please complete all required information and sign your enrollment application. Any incomplete, unsigned applications will be returned and not accepted by the Pension Boards.

"Adult child(ren)" includes:

- child(ren) under age 26 living with or away from the participant
- child(ren) under age 26 who are married (but not the spouse/partner of such dependent child(ren)

Please be sure to list all adult children under age 26 to be covered under your policy with the UCC Medical and Dental Benefits Plans. Use an additional sheet of paper if necessary.

Questions? Need Assistance?

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**.

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