



The Pension Boards
United Church of Christ

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Attachment B – Description of Circumstances

Name (<i>first/middle initial/last</i>)	Social Security number
<p><i>Please use this space to describe any special circumstances that necessitate a new or continuing Ministerial Assistance grant. Please attach an separate sheet if necessary.</i></p>	
Are you in the UCC Health Benefits Plan or UCC Medicare Supplement Benefits Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in the UCC Dental Benefits Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide the following information on any debts (other than current bills) owed. Please attach an additional sheet if necessary.

<i>Amount owed</i>	<i>Payable to</i>	<i>Reason debt incurred</i>
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
Member signature		Date