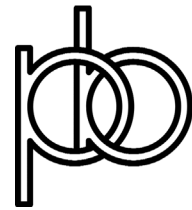


The Pension Boards - United Church of Christ
 475 Riverside Drive * Room 1020
 New York, NY 10115
 Tel: (800) 642-6543
 Fax: 212-729-2701
 Internet: www.pbucc.org
 E-mail: info@pbucc.org



An Affiliated Ministry of the
 United Church of Christ

**Life Insurance/Disability Income
 Enrollment Application**

Social Security No.		Name (last, first, middle initial)		
Address (no. and street)			City, State, Zip	
Phone No. (with area code)		E-mail Address		
Date of Birth (month, day, year)		Certificate No.		Gender

Spouse's SS#	Name of Spouse (last, first, middle initial)	Spouse's Date of Birth
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Cash salary on an annualized basis \$	If a parsonage is provided, indicate its rental value. \$ <i>(We recommend the rental value be no less than 30% of your cash salary.)</i>	or	Amount of housing allowance, if provided in lieu of parsonage \$
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Do you have employment in addition to that as pastor? Yes <input type="checkbox"/> No <input type="checkbox"/>	State Nature of Such Employment
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Time Given to It	Are you eligible for Group Insurance there? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe
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If you serve more than one church, put additional data on a separate sheet.

It is agreed between the parties hereto that payments at the annual rate of 1^{1/2}% of Salary Basis will be made to the above Fund or Boards by the undersigned on the following basis for Group Life Short Term and Long-Term Disability Benefits:

1. By the church or other employer, 1^{1/2}% of the salary basis as stated above.
 or
 2. (If other method, specify) _____

Name of Church or other employer	Date Employed
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Employer Address (number and street)	City, State, Zip
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Beneficiaries

Social Security No.	Name (<i>last, first, middle initial</i>)	Relationship
Address (<i>no. and street</i>)		City, State, Zip
		Date of Birth (<i>month, day, year</i>)
Social Security No.	Name (<i>last, first, middle initial</i>)	Relationship
Address (<i>no. and street</i>)		City, State, Zip
		Date of Birth (<i>month, day, year</i>)
Social Security No.	Name (<i>last, first, middle initial</i>)	Relationship
Address (<i>no. and street</i>)		City, State, Zip
		Date of Birth (<i>month, day, year</i>)

Contingent Beneficiaries

Social Security No.	Name (<i>last, first, middle initial</i>)	Relationship
Address (<i>no. and street</i>)		City, State, Zip
		Date of Birth (<i>month, day, year</i>)
Social Security No.	Name (<i>last, first, middle initial</i>)	Relationship
Address (<i>no. and street</i>)		City, State, Zip
		Date of Birth (<i>month, day, year</i>)
Social Security No.	Name (<i>last, first, middle initial</i>)	Relationship
Address (<i>no. and street</i>)		City, State, Zip
		Date of Birth (<i>month, day, year</i>)

I desire to become insured, until further notice, for the Life Insurance and Disability Income Benefit Plan as indicated above and described in the current announcement for members of the funds maintained by The Pension Boards -- United Church of Christ, a copy of which I have received, for which I am or may become eligible under any Group Policy issued by the Metropolitan Life Insurance Company. I agree that provisions will be made for the payment of the necessary fees on my behalf.

Sign and Date

Employee Signature	Date
Employer Signature	Date