NOTE: Annual premium must accompany enrollment application. Please mail completed application, along with payment, to:

THE PENSION BOARDS-UNITED CHURCH OF CHRIST 75 REMITTANCE DRIVE

**SUITE 1592** 

CHICAGO, IL 60675-1592



## **Dental Benefits Plan 750 Enrollment Application**

	PARTICIPAN	T INFORMATION		
Social Security Number: Name of participant (last		first, middle initial)		□ Clergy □ Lay
Address (number and street)  City/State/Z		Р		
Telephone number (with area code) E-mail addre		ess		
( ) –			@	
Relationship Status:  Single Widowed  Married Civil Union Divorced Domestic Partnershi	☐ Yes ☐ I If yes, list carr	If yes, list carrier name and address:		
PROVIDE	PARTICIPANT AND DE	PENDENT(S) INFORM I sheet if necessary)	MATION BELOW	
Name (last, first, middle initial)	Relationship to participant	Date of birth (mm/dd/yr)	Social Security Numl	ber Gender
	Self		XXX-XX-XXXX	
	Spouse/Partner			
Participant: Pl	ease read and sign belov			sion Boards immediately.
Participant's signature		Date		
Please check the applic Send your payment along with this	cable box below. Dental		yable in one annual paym OCTOBER 31, 2019, to th	
Single Adult □ \$564.50		One Adult with Child(ren)   \$\square\$ \$1,108.25		
Two Adults    \$1,092.50		Two Adults with Child(ren)   \$1,246.50		
		TED BY EMPLOYER le, see reverse)		
Name of employer	Signature			
Address (number and street)		Date signed		
City/State/ZIP		Date of hire		

Please return to the Pension Boards at the address indicated above, and retain a copy for your records.

Dental 750 App 2020 - Valid through 10/31/2019

## **INSTRUCTIONS**

UCC Dental Plan 750 is offered to employees and retirees who do not currently have dental coverage, or who have coverage in a plan other than the UCC's.

Coverage is available to:

- 1. Individuals who are employed by a UCC church or UCC-related entity; and
- 2. Retired clergy or lay employees who previously were employed full-time by a UCC church or UCC-related entity.

After one year in Dental Plan 750, coverage will automatically upgrade to Dental Plan 2000, with enhanced benefits.

## **Enrollment Period**

The open enrollment period for Plan 750 is from October 1, 2019 to October 31, 2019. Payment in full must be enclosed at the time of enrollment. (Please refer to the application form for 2020 rate tiers.) Please complete all required information and sign your enrollment application. Any incomplete, unsigned applications will be returned and not accepted by the Pension Boards. Please make checks payable to: Pension Boards—UCC and mail the completed form and payment to the address listed on the front of the form.

Coverage will become effective at 12:01 a.m. on January 1, 2020, and is available on a stand-alone basis, regardless of participation in the UCC (Non-Medicare) Health Benefits Plan or UCC Medicare Supplement Plan.

"Participant" means the primary subscriber who is enrolled in and covered by the UCC Dental Benefits Plan 750.

"Dependent(s)" includes the spouse or domestic partner and children. (Please be sure to list all dependents to be covered under your policy with the UCC Dental Benefits Plan 750. Use an additional sheet of paper if necessary.)

**Employer signature** is required if UCC Dental Benefits Plan 750 contribution rates are paid by the employer.

Additional information may be obtained by contacting a Pension Boards' Health Services Representative toll-free at **1.800.642.6543**.



Please return to the Pension Boards at the address indicated on the front, and retain a copy for your records.

Dental 750 App 2020 - Valid through 10/31/2019