The Pension Boards
United Church of Christ, Inc.
WHERE FAITH AND FINANCE INTERSECT

UCC Vision Benefits Plan Enrollment Application

Employer ID: _______________
Member ID: ________________

EMPLOYEE PERSONAL INFORMATION

Name of Member (last name, first name): ____

Address: ____ City__________________ State _____ ZIP____________

SSN: ______________________ DOB: ______________________ Gender: ___________________

Cell Phone: (____) _____ - ______ Home Phone: (____) _____ - ______ Email: _______________________________

Vision Plan premiums are payable in one annual payment. Please send your payment along with this completed application, postmarked no later than March 20, 2023.

Please mail your completed application along with your payment to:
The Pension Boards-UCC, 75 Remittance Drive, Suite 1592, Chicago, IL 60675-1592.

□ I hereby enroll in the UCC Vision Benefits Plan option selected below:

Single Adult	□	$110.00	One Adult with Child(ren)	□	$180.40
Two Adults	□	$201.30	Two Adults with Child(ren)	□	$273.90

DEPENDENT INFORMATION - List any dependents that should have coverage.

Name	Relationship to Participant	Date of Birth	Social Security Number	Gender
		/ /		
		/ /		
		/ /		

MEMBER CONSENT

Employee Name: ____ Date ____ / ____ / ________

EMPLOYER VERIFICATION

By signing this form, the Employer, by its duly authorized officer or other representative, hereby agrees to the provisions, rules, and procedures with respect to eligibility and contributions as indicated on this application, and in alignment with the Employer Adoption Agreement.

Employer Name: ____

Signature of authorized officer: __________________________________ Date: ____ / ____ / ________