



Mail completed Application to
The Pension Boards–UCC
Attention: Ministerial Assistance
475 Riverside Drive, Room 1020
New York, NY 10115-0059

For application questions
email: MinisterialAssistance@pbucc.org
call: 800.642.6543, Ext. 2714
website: www.pbucc.org

Application for Ministerial Assistance

I hereby certify that the following information is true and correct.

Applicant's Signature

Date

PERSONAL INFORMATION

Name of employee (last, first, middle initial)

Member ID Number (if applicable)

Address (number and street)

City/State/ZIP

Home Telephone Number
()

Mobile Phone Number
()

E-mail address

Date of Birth

UCC/PB STATUS

- UCC Authorized Minister
- UCC Lay Employee

- Spouse/Partner of a UCC Authorized Minister
- Spouse/Partner of a UCC Lay Employee

SPOUSE/PARTNER/POA INFORMATION

Marital Status

- Single
- Married/Domestic Partnership
- My Spouse/Partner has died, and I remain single
- My Spouse/Partner has died, and I have remarried
- My Spouse/Partner and I have divorced/separated/dissolved our domestic partnership

If your legal name has changed as a result of divorce or marriage, please indicate your new name.

Spouse/Partner Name (if applicable)

Spouse/Partner Date of Birth (if applicable)

HISTORY OF MINISTERIAL SERVICE

Name of Clergy or Lay Employee (last, first, middle initial)	How many years did they serve in the UCC?
Category of Service <input type="checkbox"/> Ordained Minister <input type="checkbox"/> Commissioned Minister <input type="checkbox"/> Licensed Minister <input type="checkbox"/> Lay Employee	
Conference/Association that holds Ministerial Authorization	Date of Ministerial Authorization

Clergy and Lay employees are to complete the following employment information for yourself or your late spouse/partner. Attach an additional sheet if necessary.

Church Name or UCC Organization	City / State	From	To

DESCRIPTION OF CIRCUMSTANCES

Use this space to describe any special circumstances that necessitate financial support.

FAMILY INFORMATION

Do you receive financial support from any family or friends? Yes No

If yes, please identify the person(s) and nature of the financial support.

Do you have financial responsibility for anyone other than your spouse/partner? Yes No

If yes, please identify the person(s) and nature of the obligation.

List someone we may contact if we are unable to reach you regarding this Ministerial Assistance application.

Name (last, first, middle initial)	E-mail address
Home Telephone Number ()	Mobile Phone Number ()
Does this person have your legal Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship

ACCOUNT INFORMATION

Are you in the UCC Health Non-Medicare Benefits Plan or UCC Medicare Supplement Plan? Yes No

Are you in the UCC Dental Benefits Plan? Yes No

Are you?

- | | |
|--|--|
| <input type="checkbox"/> Fully retired/on disability | <input type="checkbox"/> Employed part-time |
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed occasionally |

ANTICIPATED ANNUAL HOUSEHOLD INCOME		
	Member	Spouse/Partner
Wage or Salary (before deductions)	\$	\$
Annuity from PBUCC	\$	\$
Other pensions, annuities, IRAs, etc.	\$	\$
Social Security (before deductions)	\$	\$
Rental Income	\$	\$
Stock Dividends	\$	\$
Savings on bond interest	\$	\$
Income from person living with you	\$	\$
Public assistance, including food stamps	\$	\$
Aid from family or friends	\$	\$
Other income (Reverse mortgage or other, please describe)	\$	\$
Income Subtotal	\$	\$

GRANT INCOME		
	Member	Spouse/Partner
Pension Supplementation from PBUCC	\$	\$
Health Supplementation from PBUCC	\$	\$
Ministerial Assistance Grant from PBUCC	\$	\$
Christmas Thank You Check from PBUCC	\$	\$
Grant(s) from other source(s)	\$	\$
Annual Grant Subtotal	\$	\$

TOTAL ANTICIPATED ANNUAL HOUSEHOLD INCOME	\$
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ANTICIPATED ANNUAL HOUSEHOLD EXPENSES	
Rent	\$
Mortgage	\$
Nursing Home/Skilled Nursing	\$
Retirement Home	\$
Groceries (including food, toiletries, laundry supplies)	\$
Clothing (including dry cleaning)	\$
Utilities (gas, water, heating, electricity, cable, internet)	\$
Telephone/Cell Phone	\$
Home repair or maintenance (including lawn care and snow removal)	\$
Automobile (fuel, maintenance)	\$
Automobile repair	\$
Automobile insurance	\$
Life Insurance	\$
Health Insurance	\$
Dental Insurance	\$
Home/Property Insurance	\$
Real estate tax	\$
Local/County/State Taxes	\$
Contributions to churches and other non-profits	\$
Personal care	\$
Out-of-pocket medical/dental expenses (not covered by insurance)	\$
Homemaker Service	\$
Transportation (other than automobile expenses)	\$
Other expenses, please describe	\$
TOTAL ANTICIPATED ANNUAL HOUSEHOLD EXPENSES	\$