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

EMP BCHG

Employee Change Form

Complete this form if you are changing employers or modifying benefits.

MEMBER ID: | | | | | - | | | | Last 4 Digits of SSN: X X X - X X - | | | | |

PERSONAL INFORMATION

Member Name: Last_____, First_____, Initial_____

Address: _____City: _____

State: _____Zip: _____

Home Phone: (____) ____- _____Cell Phone: (____) ____- _____ Email: _____

Gender: M **[ ]** F **[ ]** Date of Birth ____/____/_____ Title: Rev. **[ ]** Dr. **[ ]**
MM DD YYYY

Relationship Status: Single **[ ]** Married **[ ]** Divorced **[ ]** Widowed **[ ]**

EMPLOYER INFORMATION **[ ]** New Employer **[ ]** Employer ID: | | | | | |

Employer Name: _____ Hire Date ____/____/_____
MM DD YYYY

Address: _____City _____State _____ZIP _____

Telephone: (___) _____- _____Employer Email: _____
This email is used for official communications and secure access to online transactions.

BENEFIT PLANS

Did you previously participate in any of the UCC benefits listed below? If there are any benefits that you are adding for the first time, please complete the Lifetime Income Retirement Plan Membership and Other Benefits Form.

1. **Health Benefits** **[ ]** Plan A **[ ]** Plan B **[ ]** Plan C **[ ]** Yes **[ ]** No
   Effective Date ____/____/_____
   MM DD YYYY

2. **Dental Benefits with Medical** **[ ]** UCC Dental **[ ]** Yes **[ ]** No
   Effective Date ____/____/_____
   MM DD YYYY

3. **Dental Benefit without Medical** **[ ]** UCC Dental **[ ]** Yes **[ ]** No
Effective Date ____/____/_____
MM DD YYYY

4. **Flexible Spending Account** **[ ]** Yes **[ ]** No
Medical Reimbursement Effective Date ____/____/_____ Medical Amount: $ _____
MM DD YYYY

Dependent Care Reimbursement Effective Date ____/____/_____ Dependent Care Amount: $ _____
MM DD YYYY

5. **Employee Contribution*** **[ ]** Yes **[ ]** No
Effective Date ____/____/_____
MM DD YYYY

6. **Life Insurance and Disability Income Benefit Plan** **[ ]** Yes **[ ]** No
Effective Date ____/____/_____
MM DD YYYY

7. **Optional Additional Death Benefit** **[ ]** Yes **[ ]** No

Coverage Amount **[ ]** 10 **[ ]** 20 **[ ]** 30 **[ ]** 40 **[ ]** 50 **[ ]** 60 **[ ]** 70 **[ ]** 80 **[ ]** 90 **[ ]** 100
Effective Date ____/____/_____
MM DD YYYY

8. **Optional Spouse Death Benefit** **[ ]** Yes **[ ]** No

Coverage Amount **[ ]** 10 **[ ]** 25
Effective Date ____/____/_____
MM DD YYYY

9. **Optional Child Death Benefit** **[ ]** Yes **[ ]** No

Coverage Amount **[ ]** 5 **[ ]** 10
Effective Date ____/____/_____
MM DD YYYY

10. **Vision Benefits ****** **[ ]** Yes **[ ]** No

***Members who are not currently enrolled in the UCC Vision Plan will need to complete the Vision Enrollment form and return this to the Pension Boards along with the annual premium. Contact Member Services for more information.*

STATEMENT OF HEALTH

MEDICAL PLAN: Participants may apply for UCC Commercial Medical plan coverage within 90 days of date of hire. After 90 days of hire, you are required to complete a Medical Statement of Health form.
EXCEPTIONS: The UCC Medicare Advantage Plan with Rx does not require a Statement of Health form.

LIFE & DISABILITY INSURANCE: Participants applying for Life and Disability Income Benefits after 90 days of initial date of hire are also required to complete a MetLife Statement of Health form.

DEPENDENT INFORMATION FOR INSURANCE

You must complete this section if you are applying for spouse/partner and/or dependent health benefits.

[ ] I certify that dependents listed are eligible to enroll in an employer-sponsored health plan. If my status or my dependent(s) status changes, I agree to notify the Pension Boards immediately.

[ ] I have attached a copy of the Domestic Partnership Statement of Financial Interdependence (if applying for partner coverage.)

Name of Spouse/Partner	Date of Birth	Gender	SSN	Plan(s) Elected
				☐ Medical ☐ Dental ☐ Vision
My spouse/partner is also a UCC member **YES** **NO**			Spouse Member ID *(if known)*	

Name of Dependent Child(ren)	Date of Birth	Gender	SSN	Plan(s) Elected
1.			*Relation:*	☐ Medical ☐ Dental ☐ Vision
2.			*Relation:*	☐ Medical ☐ Dental ☐ Vision
3.			*Relation:*	☐ Medical ☐ Dental ☐ Vision
4.			*Relation:*	☐ Medical ☐ Dental ☐ Vision

***[ ]** Additional Dependent Information for Insurance: Check if applicable and list information on a separate sheet of paper and attach to this form.*

COMPENSATION/SALARY INFORMATION

Annual Cash Salary: $ _____ Salary Effective Date: ____/____/_____
MM DD YYYY

Annual Housing Allowance: $ _____

Annual Cash plus Housing Allowance: $ _____

Average Number of Hours Worked per week: _____ **[ ]** Full Time **[ ]** Part Time

First Pay Date in January: _____

Compensation Frequency

[ ] Monthly (12 paychecks per year) [ ] Twice monthly (24 paychecks per year)
[ ] Bi-Weekly (26 paychecks per year) [ ] Weekly (52 paychecks per year)

Note: Salary change dates after the first day of the applicable month, will have changes entered on the first day of the following month.

EMPLOYER PENSION DUES CONTRIBUTION

It is my present intention and that of my employer to make the following pension dues payments to the Lifetime Retirement Income Plan. All deductions are on a payroll frequency.

Note: Any changes to contribution amounts will be entered on the first day of the month following the Effective Date.

Employer Contribution: _____% Effective Date: ____/____/_____
MM DD YYYY

Employer Matching Contributions: _____% up to _____% (for example 50% up to 6%, i.e., 3%)

EMPLOYEE CONTRIBUTION AND INVESTMENT ALLOCATIONS

You can update/change and enroll in Pre-Tax/After-Tax contribution as well as update your investment allocation by accessing the Member portal.

To change your contributions percentage, please log into **www.pbucc.org** click on **Member Login > Access Fidelity NetBenefits®** > **Quick Links** > **Contribution Amount**, then click **Contribution Amount** to enter your new contribution percentage.

To change your investment elections in NetBenefits®, click **Quick Links**, click on the drop-down menu next to your plan name, select **Change Investments** then **Change Investments Election** to enter the percentage of your payroll contributions that you wish to direct to each investment option you choose. If you do not indicate your desired allocations, any contributions made on your behalf will be invested in the Target Annuitization Date (TAD) Fund most appropriate to your anticipated retirement timeline based on your age.

You can also update your employee contributions beneficiary(ies) information by logging into NetBenefits®. Log into to your account through **www.pbucc.org** > **Member Login** > **Access Fidelity NetBenefits®,** go to **Profile** and click **Beneficiaries**.

EMPLOYEE (MEMBER) AGREEMENT

[ ] As a Member as defined in the Lifetime Income Retirement Plan document (formerly known as the Annuity Plan), together with my designated Beneficiary or Beneficiaries (as defined in the Lifetime Income Retirement Plan document), I acknowledge that the Lifetime Income Retirement Plan document is available to me on the Pension Boards website (www.pbucc.org). In addition, I acknowledge that I and my Beneficiary shall, at all times, be subject to the terms and conditions of the Lifetime Income Retirement Plan document, as the same may be amended, modified, or supplemented at the sole discretion of The Pension Boards–United Church of Christ, Inc.

Employee (Member) Signature: _____ Date ____/____/_____
MM DD YYYY

EMPLOYER AGREEMENT

[ ] 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: _____ Employer ID# | | | | | |

Employer Address: _____

Name of authorized officer: _____
Please Print

Title of authorized officer: _____
Please Print

Signature of authorized officer: _____ Date: ____/____/_____
MM DD YYYY

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.