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

Employee Change form

EMPLOYEE INFORMATION **MEMBER ID: _____**

Name of Member (last, first, middle initial): _____

Address: _____ City_____ State _____ ZIP_____

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

Please complete this form if you are changing employers or modifying benefits. This form is required to be signed by you and your employer, and then submitted to the Pension Boards.

EMPLOYER INFORMATION [ ] New Employer [ ] Employer ID: _____

Employer Name: _____

Address: _____ City_____ State _____ ZIP_____

Telephone: (____) _____ - _____ Email: _____

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 Annuity Plan Membership and Other Benefits Form.

1. **Health Benefits** [ ] Plan A [ ] Plan B [ ] Plan C [ ] Yes [ ] No
   Effective Date ____/____/_____
2. **Dental Benefits with Medical** [ ] Dental 2000 [ ] Yes [ ] No
   Effective Date ____/____/_____
3. **Dental Benefit without Medical** [ ] Dental 2000 [ ] Yes [ ] No
   Effective Date ____/____/_____
4. **Flexible Spending Account** [ ] Yes [ ] No
   Medical Reimbursement Effective Date ____/____/_____
   Medical Amount: $ _____
   Dependent Care Reimbursement Effective Date ____/____/_____
   Dependent Care Amount: $ _____
5. **Employee Contribution*** [ ] Yes [ ] No
   Effective Date ____/____/_____
6. **Life Insurance and Disability Income Benefit Plan** [ ] Yes [ ] No
   Effective Date ____/____/_____
7. **Optional Additional Death Benefit** [ ] Yes [ ] No
   Coverage Amount [ ]10 [ ]20 [ ]30 [ ]40 [ ]50 [ ]60 [ ]70 [ ]80 [ ]90 [ ]100
   Effective Date ____/____/_____
8. **Optional Spouse Death Benefit** [ ] Yes [ ] No
   Coverage Amount [ ]10 [ ]25
   Effective Date ____/____/_____
9. **Optional Child Death Benefit** [ ] Yes [ ] No
   Coverage Amount [ ]5 [ ]10
   Effective Date ____/____/_____
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.

COMPENSATION/SALARY INFORMATION

Salary Effective Date: _____ / ____ / _____

Annual Cash Salary: $ _____

Annual Housing Allowance: $ _____

Annual Cash plus Housing Allowance: $ _____

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

Please note: Salary change dates after the 1st of the applicable month, will have changes entered on the 1st of the following month.

PENSION DUES CONTRIBUTION

Please note: Effective change dates after the 1st of the applicable month, will have changes entered on the 1st of the following month.

Employer Contribution: _____% Effective Date: ____ / ____ / _____

*Per payroll deduction

Employee Pre-Tax Salary Reduction*: _____ % or $_____ Effective Date: ____ / ____ / _____

Employee After-Tax Salary Reduction*: _____ % or $_____ Effective Date: ____ / ____ / _____

PAYROLL DEDUCTIONS – EMPLOYEE ELECTIONS

Compensation Frequency

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

Annual Contribution Limits

The IRS allows a maximum contribution on a yearly basis that depends on your salary. The maximum limits can be found on our website at **www.pbucc.org**.

INVESTMENT ALLOCATIONS – This section only should be completed if you are making changes to current allocations.

		Sustainable Balanced Fund	Bond Fund	Equity Fund	Stable Value Fund	Global Sustainability Index Fund	TAD Fund 2025	TAD Fund 2030	TAD Fund 2035	TAD Fund 2040	TAD Fund 2045	TAD Fund 2050	**Fund percentage must total 100%**
Allocation of Future Contributions (5% increments)													
1	Employer Contributions	%	%	%	%	%	%	%	%	%	%	%	Total: _____%
2	Employee TSA and After-Tax	%	%	%	%	%	%	%	%	%	%	%	Total: _____%
Reallocation of Current Balances (1% increments below)													
3	Employer Contributions	%	%	%	%	%	%	%	%	%	%	%	Total: _____%
4	Employee TSA and After-Tax	%	%	%	%	%	%	%	%	%	%	%	Total: _____%

*Information about our investment fund options are available online Investment Program Overview.

EMPLOYEE (Member) AGREEMENT

[ ] I understand that the amount of such reduction, pursuant to this election, will be withheld from my pay on a pre-tax and/or after-tax basis, as specified above, and will be paid by my employer into my account in the Annuity Plan. I understand: (1) my election regarding elective deferrals is irrevocable once the employer withholds the deferrals from my pay; and (2) any changes in elective deferrals is effective only for deferrals from pay I received after the plan administrator accepts my change of election.

I further understand that written notice must be given before the effective date of any modification. This election will remain in effective until I revoke I in writing or until I complete a new Employee Pre-Tax Retirement Contribution Agreement.

Employee (Member) Signature: _____ Date: ____ / ____ / _____

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 Address: _____ City_____ State _____ ZIP_____

Signature of authorized officer: _____ Date: _____/_____/_____

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.