



MEMBER ID: _____

EMPLOYEE INFORMATION

Employee Name (last, first, middle initial): _____ Title: [] Rev. [] Dr.

Address: _____ City _____ State _____ ZIP _____

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

Please complete this form if you are changing employers. 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: _____

CONTINUATION OF INSURANCE BENEFITS

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, you will need to complete the Annuity Plan Membership and Other Benefits Form here: https://bit.ly/AP_BNFTS.

- | | |
|---|---|
| <p>1. Health Benefits <input type="checkbox"/> [] Plan A <input type="checkbox"/> [] Plan B <input type="checkbox"/> [] Plan C <input type="checkbox"/> [] HSA
 Are you continuing this coverage?
 Effective Date ____/____/____</p> | <p><input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
 <input type="checkbox"/> [] Yes <input type="checkbox"/> [] No</p> |
| <p>2. Dental Benefits <input type="checkbox"/> [] Dental 2000
 Are you continuing this coverage?
 Effective Date ____/____/____</p> | <p><input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
 <input type="checkbox"/> [] Yes <input type="checkbox"/> [] No</p> |
| <p>3. Vision Benefits
 Are you continuing this coverage?
 Effective Date ____/____/____</p> | <p><input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
 <input type="checkbox"/> [] Yes <input type="checkbox"/> [] No</p> |
| <p>4. TSA (Employee Contribution)
 Are you continuing this coverage?
 Effective Date ____/____/____</p> | <p><input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
 <input type="checkbox"/> [] Yes <input type="checkbox"/> [] No</p> |
| <p>5. Life Insurance and Disability Income Benefit Plan
 Are you continuing this coverage?
 Effective Date ____/____/____</p> | <p><input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
 <input type="checkbox"/> [] Yes <input type="checkbox"/> [] No</p> |
| <p>6. Optional Additional Death Benefits
 Are you continuing this coverage?
 Effective Date ____/____/____</p> | <p><input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
 <input type="checkbox"/> [] Yes <input type="checkbox"/> [] No</p> |
| <p>7. Optional Dependent Death Benefits
 Are you continuing this coverage?
 Effective Date ____/____/____</p> | <p><input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
 <input type="checkbox"/> [] Yes <input type="checkbox"/> [] No</p> |

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: Any changes to salary will be entered on the first day of the month following the Salary Effective Date.

PENSION DUES CONTRIBUTION

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

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)

Contribution Limits for 2022

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

Information about our funds are available online.

		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: _____ %

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.