



**MEMBER ID:** \_\_\_\_\_

**EMPLOYEE INFORMATION**

Employee Name (last, first, middle initial): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Please complete this form to report new employment status. 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**

Are you going to continue participating in the Life Insurance and Disability Income Benefit Plan?

Yes  No Effective: \_\_ / \_\_ / \_\_

Did you previously have:

Life Insurance and Disability Income Benefit Plan

1. Is this your first UCC employment in which you are working at least 20 hours per week?  Yes  No

If no, please list your UCC employer below.

Employer Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

First date of employment: \_\_\_\_\_ Last date of employment: \_\_\_\_\_

2. Are you going to continue Medical Benefits?  Yes  No Effective: \_\_ / \_\_ / \_\_

Medical Benefits Plan  Plan A  Plan B  Plan C

3. Are you going to continue Dental Benefits?  Yes  No Effective: \_\_ / \_\_ / \_\_

Dental Benefits Plan

4. Are you going to continue Vision Benefits?  Yes  No Effective: \_\_ / \_\_ / \_\_

Vision Benefits Plan

**SALARY INFORMATION**

Salary Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Date Approved by Church: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Cash Salary: \$ \_\_\_\_\_

Housing Allowance: \$ \_\_\_\_\_

Total Cash plus Housing Allowance: \$ \_\_\_\_\_

Average Number of Hours Worked per week: \_\_\_\_\_

[ ] Full Time [ ] Part Time

**PENSION DUES CONTRIBUTION**

Employer Contribution: \_\_\_\_\_ % or \$ \_\_\_\_\_

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Employee Pre-Tax Salary Reduction: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Employee After-Tax Salary Reduction: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**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%
<b>Allocation of Future Contributions (5% increments)</b>													
1	Employer Contributions	%	%	%	%	%	%	%	%	%	%	%	Total: _____ %
2	Employee TSA and After-Tax	%	%	%	%	%	%	%	%	%	%	%	Total: _____ %
<b>Reallocation of Current Balances (1% increments below)</b>													
3	Employer Contributions	%	%	%	%	%	%	%	%	%	%	%	Total: _____ %
4	Employee TSA and After-Tax	%	%	%	%	%	%	%	%	%	%	%	Total: _____ %

**SIGNATURE**

Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of the employer, the undersigned hereby agrees to make payments to the Pension Boards for the stated member, based on the effective date and salary data shown.

Signature of treasurer or other authorized officer: \_\_\_\_\_ Date: \_\_\_\_\_

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