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

Employee Termination of Employment Form

This form should be used to notify the Pension Boards when an employee is no longer working or eligible for benefits.

Employer ID: _____
Employee Member ID: _____

TERMINATED EMPLOYEE PERSONAL INFORMATION

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

Address: _____ City_____ State _____ ZIP_____

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

Is the member an Interim Minister? [ ] Yes or [ ] No Does the member participate in ACCUIM? [ ] Yes or [ ] No
Is the member continuing employment with another church? [ ] Yes [ ] No [ ] Don't know

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TERMINATION of PENSION (EMPLOYER) CONTRIBUTIONS

Date terminated employment: ____/_____/_____

TERMINATION OF BENEFITS

**Insurance benefits must be terminated on the last day of the month. Vision benefits terminate 3/31 of the following year.*

[ ] Medical	Term Date: _____/_____/_____	[ ] Dental	Term Date: _____/_____/_____
[ ] Life Insurance/Disability	Term Date: _____/_____/_____	[ ] Flexible Spending Plan	Term Date: _____/_____/_____
[ ] Vision	Term Date: _____/_____/_____		

Please note that the employee is eligible to continue Medical, Dental, Life Insurance (eligible to continue for age 55 and older) and Vision benefits on a self-paid basis. The employee will be sent the Continuation of Benefits form upon termination of benefit(s).

EMPLOYER VERIFICATION

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: _____

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.