

Welcome

Exploring the Benefits of the
Flexible Spending Account
Optional Additional Life Insurance
Tax-Sheltered Annuity
Rollover Contribution Account

Flexible Spending Account (FSA) for UCC Ministries

- The FSA Plan provides you with the ability to pay for out-of-pocket medical and dependent care expenses with pre-tax dollars.

Employer Responsibility

Before you can participate in the FSA your employer must complete the enrollment process and join the Plan:

- The governing board of the church must pass a resolution agreeing to the church's participation.
- A copy of the resolution with a \$100 check from the church for a one-time set up fee should be sent to the Pension Boards.

Maximum Annual Contributions to the Plan

- The FSA Plan has two components:
 1. Health Care Reimbursement
 - ▶ \$2,500 maximum in 2014; \$2,550 in 2015
 2. Dependent Care Reimbursement
 - ▶ \$5,000 maximum
- The two accounts are separate and you cannot pay for expenses for one type from the other.

Other Costs

- \$12 monthly administrative fee for each participant not enrolled in the UCC Health Plan

Rules of the FSA Plan

- To participate on 1/1/15, the completed application must reach the Pension Boards postmarked no later than 11/30/14.
- Contributions must come from pre-tax salary deferrals. Employers cannot make contributions on employees' behalf.
- Once an election has been made you cannot make a change except for a life-changing event; proof of this change is required.

New Employees

- New employees are eligible to enroll in the Plan after they have been employed for 30 days.
- A salary election must be made before medical or dependent care expenses can be covered by the FSA.
- Expenses incurred prior to the enrollment start date are not eligible for reimbursement.

Use It or Lose It Rule – Important Change

- The Pension Boards has amended the FSA to allow employees to carry over up to \$500 of the unused amounts left in their health FSAs at the end of the plan year for expenses in the next year.
- However, a health FSA cannot have both a carryover and a grace period; it can have one or the other or neither. For this reason, the Flexible Benefit Plan for UCC Ministries will no longer offer a grace period to allow the use of funds for up to two-and-a-half months after the end of the plan year.

Use It or Lose It Rule – Important Change

- It is important to note that for any remaining balance over \$500, the “use or lose” rule still applies and that money over \$500 must be used by December 31, 2015 or it will be forfeited. It is important to understand that any money remaining in your account over the \$500 carryover after December 31, 2015 will be forfeited.
- Forfeited contributions are credited to the benefit plan surplus of the Flexible Benefit Plan for UCC Ministries.

Claims Reimbursement

- Claim forms are available on the Pension Boards' website: **www.pbucc.org**.
- The completed form along with receipts should be sent to National Associates, the claims administrator.
- Claims are processed each Wednesday.
- A check is sent to you at the address that we have on file.

Other Questions

- **What Is The Timeframe To Submit Expenses?**
 - Since amending the plan for the \$500 carryover, a participant now has until March 31, 2016 to submit for expenses incurred by December 31, 2015.
- **Can A Same-gender Domestic Partner/Spouse Be Covered?**
 - same gender spouses are eligible for the coverage
 - Only if you claim your same-gender domestic partner/spouse as a dependent for federal income tax purposes
- **Are Dependent Children Under The Age Of 26 Covered?**
 - Yes, provided that they are covered by the UCC Medical and Dental Benefits Plan

Optional Additional Life Insurance (Death Benefit)

- Need to be a member of the Life Insurance and Disability Income Plan (LIDI)
- Additional life insurance coverage for self can be purchased within 90 days of joining the LIDI Plan. Otherwise, SOH is required.
 - ▶ Minimum: \$10,000
 - ▶ Maximum: lesser of 3 times annual salary basis or \$100,000

Optional Dependent Life Insurance (Death Benefit)

- Need to be a member of the Life Insurance and Disability Income Plan (LIDI)
- Optional Life Insurance for Spouse/Partner and Optional Life Insurance for Dependent Children

Two options are available:

- ▶ *Option 1:* \$10,000 for spouse/partner and \$5,000 for child(ren)
- ▶ *Option 2:* \$25,000 for spouse/partner and \$10,000 for child(ren).
This coverage needs a SOH for approval by MetLife.

Open Enrollment Period

- November 1st – December 31st of each year.
- Coverage to be effective, January 1st of following year.
- No exceptions can be made.

Life Insurance (Death Benefit)

- Termination of Coverage: Optional Additional/Optional Dependent Life coverage will end if employment ends; premiums not paid; or if contract with MetLife is cancelled.
- We cannot provide Optional Additional/Optional Dependent Life Insurance coverage while not employed by a UCC church/entity. However, you may convert your optional coverages to an individual policy with MetLife within 30 days of termination of employment by completing the conversion form.

Tax-Sheltered Annuity (TSA)

- Pre-tax deferral taken from the employee's pay
- No income tax on deferrals
- 100% of deferrals and earnings eligible for withdrawal at retirement and termination of employment

2015 Deferral Limits

- Minimum of \$25 per month
- Maximum deferrals
 - Under age 50: **the lesser of \$18,000** *or* cash salary
 - Age 50 and over: **the lesser of \$24,000** *or* cash salary

What You Should Know About the Tax-Sheltered Annuity (TSA)

- General Synod recommended contributions of at least 3% employer contributions for lay employees.
- TSA contributions can be made even if the employer is not able to make contributions.
- The only cost to the church is the administration.
- Employees sign a salary reduction agreement form (required by the IRS).

What Employers Should Know About the TSA

- Make deductions from the employee's salary.
- Forward contributions to the Pension Boards-UCC.
- The deferred amount does not appear as taxable income on Form W-2.
- The deferral is subject to FICA and Medicare taxes.

TSA Participation Requirements

Be an employee of a UCC church or ministry full- or part-time

For employees currently enrolled in the Annuity Plan:

- Complete the TSA Salary Reduction Agreement Form.
- Complete the Allocation Form.

For employees not currently enrolled in the Annuity Plan:

- Complete the Annuity Plan Enrollment Application and the TSA Salary Reduction Agreement Form.

Required Tax-Sheltered Annuity (TSA) Enrollment Forms



Salary Reduction Agreement

PERSONAL INFORMATION				
Social Security Number	First name	Middle initial	Last name	
Address 1	City	State	Zip	Country
Address 2				
Address 3	E-mail address			
Telephone number () -				
MEMBER ELECTION				
This agreement is made between the member and the employer. Any changes to this agreement must be filed in accordance with procedures established by the employer.				
I, the undersigned Member, hereby elect to:				
PRE-TAX (TAX-SHELTERED) CONTRIBUTIONS				
<input type="checkbox"/> Defers from my salary on a pre-tax (tax-sheltered) basis _____ (dollar amount) of compensation (not to exceed applicable legal limitations) per pay period.				
<input type="checkbox"/> Cease my pre-tax (tax-sheltered) contributions.				
AFTER-TAX CONTRIBUTIONS				
<input type="checkbox"/> Deduct from my salary on an after-tax basis _____ (dollar amount) of compensation (not to exceed applicable legal limitations) per pay period. I understand that the amount of such deductions, pursuant to this election, will be withheld from my pay and paid by my employer into my account in the Plan.				
<input type="checkbox"/> Cease my after-tax contributions.				
PAYMENT FREQUENCY				
<input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly				
EFFECTIVE DATE:				
<input type="checkbox"/> Make the effective date of this agreement as of: / / . (Date must be prospective.)				
SIGNATURES				
I understand 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 change of election regarding elective deferrals is effective only for deferrals from pay I receive 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 effect until I revoke it in writing or until I complete a new Salary Reduction Agreement.				
Member signature	Date			
Employer signature	Date			

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Annuity Plan Membership

Personal Information			
Social Security Number	Name (last, first, middle initial)		
Address (number and street)	City, State, ZIP		
Telephone number (with area code)	E-mail address		
Date of birth (please supply copy of birth certificate)	Gender Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of employment	
I hereby apply for membership in The Annuity Plan for the United Church of Christ, in accordance with its Rules.			
Check one: Clergy <input type="checkbox"/> Lay <input type="checkbox"/> Provisional Member (Herring Stark Grantee) * <input type="checkbox"/>			
<small>*Note: As a provisional member, you must become ordained within five years, otherwise your account will be closed and all contributions and earnings thereon will be returned to the Herring Stark Fund.</small>			
For Clergy Only			
Ordination date	Conference	Check if self-employed <input type="checkbox"/>	
Family Information			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Same Gender: <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership	Date of marriage (if applicable) / /	Date of birth of spouse or same-gender domestic partner / /
Name of spouse or same-gender domestic partner (last, first, middle initial)		Social Security Number of spouse or same-gender domestic partner	
Name of relative or friend through whom you can be contacted (last, first, middle initial)		Telephone number of contact person (with area code)	
Address of contact person (number and street)		City, State, ZIP	



Allocation of Future Contributions and Fund Reallocation Form

PERSONAL INFORMATION				
Identification number	First name	Middle initial	Last name	
Address 1	City	State	ZIP	Country
Address 2				
Address 3	E-mail address			
Telephone number () -				
Instructions: You MUST complete Sections A, B and C of this form. -Section A allows you to choose allocations for future contributions. -Section B allows you to reallocate your current balance. -Section C requires your signature and the date signed.				
Section A: Allocation of Future Contributions				
Allocate your future employer and personal contributions in 5% increments below.				
<input type="checkbox"/> I wish to change the allocation of my future contributions. (Continue completing this section below)				
<input type="checkbox"/> I do NOT wish to change the allocation of my future contributions. (Skip to Section B)				
EMPLOYER CONTRIBUTIONS AND EMPLOYEE-REQUIRED AFTER-TAX CONTRIBUTIONS				
I elect to allocate my future employer and employee-required contributions as indicated below:				
Balanced Fund _____ %	Bond Fund _____ %	Equity Fund _____ %	Stable Value Fund _____ %	TOTAL _____ % <small>(Fund percentages must total 100%)</small>
TAD 2015 Fund _____ %	TAD 2020 Fund _____ %	TAD 2025 Fund _____ %	TAD 2030 Fund _____ %	
EMPLOYEE PRE-TAX (TSA) CONTRIBUTIONS AND EMPLOYEE AFTER-TAX (EXTRA) CONTRIBUTIONS				
I elect to allocate my future TSA and EXTRA contributions as indicated below:				
Balanced Fund _____ %	Bond Fund _____ %	Equity Fund _____ %	Stable Value Fund _____ %	TOTAL _____ % <small>(Fund percentages must total 100%)</small>
TAD 2015 Fund _____ %	TAD 2020 Fund _____ %	TAD 2025 Fund _____ %	TAD 2030 Fund _____ %	
Please complete page 2				

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Tax-Sheltered Annuity (TSA)

- Can be invested differently than employer contributions
- For clergy: eligible for housing allowance tax exclusion at the time of payout, termination or retirement

Rollover Contribution Account (RCA)

- Consolidate your other pre-tax retirement accounts:
 - 401(a), 401(k)
 - 403(b)(9), 403(a)
 - 403(b)(1), 403(b)(7)
 - 475 government plan
 - Traditional Individual Retirement Account or Annuity (IRA)

Who is Eligible to Open a Rollover Contribution Account (RCA)?

- An active member of the existing PBUCC 403(b)(9) retirement plan (the Annuity Plan)
- A new member coming into the plan

Will I Have Access to My Rollover Contribution Account (RCA)?

- Ability to make minimum withdrawals of \$500
- All withdrawals are subject to 20% federal income tax withholding

Rollover Contribution Account (RCA) Investment Options

- The Funds will be invested in the manner you elect (Equity, Balanced, Bond, Stable Value and TAD) Funds.
- You can change your investment election by submitting an Fund Reallocation Form or by logging into your account at www.pbucc.org

Advantages of a Rollover Contribution Account (RCA)

- You have the ability to consolidate your retirement accounts.
- Ministers have the ability to claim their RCA funds as housing allowance.
- There are no sales commissions, 12b-1 fees, or load charges.

Rollover Contribution Account Enrollment Forms

Pension Boards
United Church of Christ
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New York, NY 10115-2059
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Retirement Savings Account (RSA) Application

INSTRUCTIONS

Note: This form communicates your desire to establish an Annuity Fund Retirement Savings Account (RSA) and your choice of beneficiary(ies) of amounts held in the Annuity Fund RSA. You own 100% vested in the funds within the RSA. These funds are separately accounted and will be invested in the same manner as indicated in your most recent fund allocation directions.

You may withdraw \$500 or more from your RSA. If your request for withdrawal is received by the Pension Boards by the sixth (6th) calendar day of the month, you will receive your funds on or about the twentieth (20th) day of the month. You may roll over your RSA to another 403(b), IRA, 401(k) or other qualified plan. You may also annuitize your RSA at any time.

PERSONAL INFORMATION

Social Security number	Name (last, first, middle initial)	Date of birth (month/day/year)
Address (number and street)		City/State/ZIP
Telephone number (with area code)		E-mail address

BENEFICIARY INFORMATION

Note: You do not need to have a spouse in order to name a beneficiary.

Primary Beneficiary(ies): I hereby designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall share in the proportion indicated. If no proportion is indicated, each surviving Primary Beneficiary will receive equal shares.

Social Security number	Name (last, first, middle initial)	Date of birth (month/day/year)
Address (number and street)		City/State/ZIP
Relationship	Percentage share	
Social Security number	Name (last, first, middle initial)	Date of birth (month/day/year)
Address (number and street)		City/State/ZIP
Relationship	Percentage share	

Check here if you are listing additional Primary Beneficiaries, then attach a separate sheet providing the required information for each Primary Beneficiary included.

RSA App-01-2009

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Retirement Savings Account (RSA) Fund Reallocation Form

PERSONAL INFORMATION

Member ID number	First name	Middle initial	Last name
Address line 1	Country	City	State ZIP
Address line 2			
Address line 3			
Telephone number (with area code)	E-mail address		

INSTRUCTIONS

1. Reallocate accumulation balances using 1% increments.
2. Send your reallocation form as soon as possible. The Pension Boards must receive the form no later than 4:00 p.m. (ET) on the last business day of the month in order to be reallocated effective at the end of that month.

RSA ACCUMULATION ACCOUNT

Note: Your RSA includes any money you rolled into the Annuity Fund from an IRA or other qualified plan and any partial withdrawal you rolled into the Plan at retirement.

- I wish to reallocate my entire account to show the following result
- I wish to reallocate the accumulation balance in my _____ Fund as follows. Please do not reallocate the balances in any of the other Funds.

Balanced Fund	Bond Fund	Equity Fund	Stable Value Fund	TOTAL
_____ %	_____ %	_____ %	_____ %	_____ %
Target Annualization Date Fund 2015	Target Annualization Date Fund 2020	Target Annualization Date Fund 2025	Target Annualization Date Fund 2030	(Fund percentages must total 100%)
_____ %	_____ %	_____ %	_____ %	

SIGNATURE

Employee signature	Date
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RSARF 01-2009

Pension Boards
United Church of Christ

Request for Direct Rollover of Funds to the Pension Boards

SECTION A: Personal Information

Social Security Number	First Name	Middle Initial	Last Name
Address 1	City	State	Zip Country
Address 2			
Address 3	E-mail Address		
Telephone Number ()			

SECTION B: Information Regarding the Financial Institution from Which the Funds Are to Be Rolled Over

Name of Financial Institution	Annuity Contract or Account Number
Address	City State Zip
\$ _____ OR _____ % of the funds remitted herewith represent funds arising from ministerial employment.	
\$ _____ OR _____ % of the funds remitted herewith represent funds arising from non-ministerial employment.	

SECTION C: Member Authorization

I hereby direct the financial institution identified in Section B to transfer funds from my account (referenced in Section B, above) to my Retirement Savings Account administered within The Annuity Plan for the United Church of Christ ("The Annuity Plan"). I authorize the liquidation of all positions in respect of my account (referenced in Section B, above) in order to execute the transfer of funds. I understand that these funds will be placed in my Retirement Savings Account within the Annuity Plan and will be allocated in accordance with my instructions.

Member's Signature	Date
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SECTION D: Certification of Transfer Financial Institution from Which Rollover is to Be Made

The Transfer Financial Institution agrees and represents to The Pension Boards-United Church of Christ and the Member that:

1. The existing retirement account* from which the direct rollover is made is:
 - 401(a) qualified plan, including 401(k)
 - 403(b)(9) church retirement income account
 - 457(a) annuity plan
 - traditional Individual Retirement Account or Annuity (IRA)
 - 403(b)(1) annuity contract
 - 475 governmental plan
 - 403(b)(7) custodial account
2. The member is one hundred percent (100%) vested in all amounts being transferred to the Annuity Plan.
3. The Transfer Financial Institution agrees to transmit the funds to The Pension Boards-United Church of Christ, 75 Remittance Drive, Suite 1592, Chicago, IL 60675-1592. The check shall be payable to "The Pension Boards-United Church of Christ," F.B.O., the Member. Please indicate "Direct Rollover" on the check.

Transfer Financial Institution	Authorized Signature
Date	Print Name

SECTION E: Acceptance

The Pension Boards-United Church of Christ will accept a direct rollover of the amount described in Section D and will deposit it in a 403(b)(9) retirement income account for the member listed in Section A.

Approved by <i>Janet A. Bair</i>	Date
Interim Vice President, Member Services	

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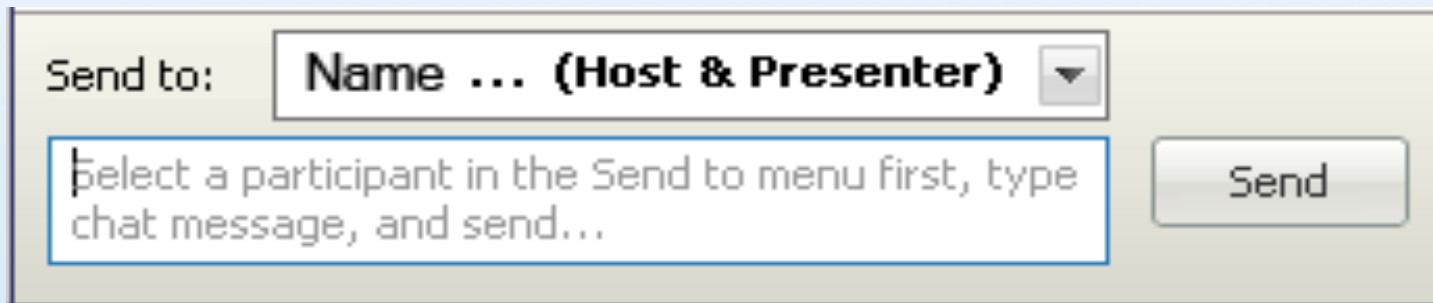
Need More Information?

- Please contact Member Services toll-free at **1.800.642.6543**, **Option 6**.

THANK YOU!

QUESTIONS?

Please enter your questions in the “**Chat**” box as shown:



The image shows a screenshot of a chat interface. At the top, it says "Send to:" followed by a dropdown menu with the text "Name ... (Host & Presenter)" and a downward arrow. Below the dropdown is a text input field with the placeholder text "Select a participant in the Send to menu first, type chat message, and send...". To the right of the text input field is a button labeled "Send".