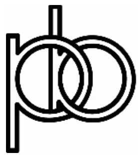

The Pension Boards
United Church of Christ, Inc.
WHERE FAITH AND FINANCE INTERSECT

HEALTH BENEFITS AUTOMATIC CREDIT REDUCTION FORM

MEMBER ID: _______________

Complete this form to authorize your health benefit payments to get deducted automatically from your monthly annuity payments.

PERSONAL INFORMATION

Name of Member: ____ Date of Birth: ___________________

Address: ______________________________________ City_________________ State _____ ZIP____________

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

HEALTH BENEFITS AUTOMATIC CREDIT REDUCTION ELECTION

Please select the health benefits authorized to be withdrawn from your monthly annuity payments.

[ ] **MEDICAL**

[ ] **DENTAL**

[ ] **LIFE INSURANCE AND DISABILITY INCOME BENEFITS (LIDI)**

*Withdrawals will include dependents, if applicable.

*The Automatic Credit Reduction (ACR) feature is not available if total deductions (including current tax withholding) reduce annuities to monthly net payment values less than $50.

MEMBER CONSENT

I hereby give consent for monthly health benefit premium payments, as selected, to be automatically withdrawn from my monthly annuity disbursements. I acknowledge that health plan enrollments continue year-over-year annually until notice to change or terminate plan elections are received.

By signing this form, the Pension Boards is authorized to process automatic withdraws of the selected health benefit premiums at the next available billing cycle and until notice to discontinue is received.

Signature: _________________________________ 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.