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

UCC Vision Benefits Plan Enrollment Application

Employer ID: _____
Member ID: _____

EMPLOYEE PERSONAL INFORMATION

Name of Member (last name, first name): _____

Address: _____ City_____ State _____ ZIP_____

SSN: _____ DOB: _____ Gender: _____

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

Please return your completed application to **Member Services** at info@pbucc.org or by fax to 212.729.2701. Completed enrollment forms can also be mailed to: Pension Boards-UCC, 475 Riverside Drive, Room 1020, New York, NY 10115.

To ensure timely filing, applications submitted for the 2024 Plan Year must be received by **February 15, 2024**.

□ I hereby enroll in the UCC Vision Benefits Plan option selected below:

Single Adult	□ $110.00	One Adult with Child(ren)	□ $180.40
Two Adults	□ $201.30	Two Adults with Child(ren)	□ $273.90

DEPENDENT INFORMATION - List any dependents that should have coverage.

Name	Relationship to Participant	Date of Birth	Social Security Number	Gender
		/ /		
		/ /		
		/ /		

MEMBER CONSENT

Employee Name: _____ Date ____ / ____ / _____

Your annual vision billing statement will be available for review and payment online via our website at www.pbucc.org within 3-5 business days after processing.

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: ____ / ____ / _____