



EMPLOYER INFORMATION		
Name of employer		
Employer ID #	Date of hire	Hours worked per week
Address (number and street)	City/State/ZIP	
Employer Signature	Date signed	

### INSTRUCTIONS

Please complete all required information and sign your enrollment application. Any incomplete, unsigned application will be returned and not accepted by the Pension Boards.

Eligible employees must enroll in the UCC Medical Benefits Plan within 90 days of initial UCC employment. Late applicants will need to provide a completed Statement of Health form for themselves and each dependent applying for coverage. This form is available on our website at [www.pbucc.org](http://www.pbucc.org).

Eligible employees must enroll in the UCC Dental Benefits Plan within 90 days of initial UCC employment. Late applicants will need to apply for the UCC Dental 750 Plan during the annual open enrollment held in October of each year. Benefits will then begin on January 1 of the next Plan Year. This form is available on our website at [www.pbucc.org](http://www.pbucc.org).

**“Dependent(s)”** includes the spouse or domestic partner and children.

Please be sure to list all dependents to be covered under your policy with the UCC Medical and Dental Benefits Plan. Use an additional sheet of paper if necessary.

**Employer Signature** is required if UCC Medical and Dental Benefits Plan contributions are to be paid by the employer.

### QUESTIONS? NEED ASSISTANCE?

The Pension Boards staff is available to assist you in this important process. Please feel free to contact a Member Services Representative toll-free at **1.800.642.6543** or by e-mail at [info@pbucc.org](mailto:info@pbucc.org).

**Please return completed form to the Pension Boards  
via fax at 212.729.2701 or email at [info@pbucc.org](mailto:info@pbucc.org)  
Please retain a copy for your records.**

