

Email completed application or any questions to:

Email: MinisterialAssistance@pbucc.org

Mail or Fax completed forms to:

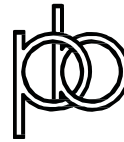
475 Riverside Drive,

Room 1020 New York, NY 10115

Fax: 212.729.2701

Phone: 800.642.6543 x2714

This application is also available online at pbucc.org



The Pension Boards
United Church of Christ, Inc.

Application for Emergency Assistance

PERSONAL INFORMATION	
Name of Applicant (First, Middle, Last)	Member ID Number (if applicable)
Address (number and street)	City/State/ZIP
Home Telephone Number ()	Mobile Phone Number ()
E-mail address	Date of Birth
Applicant's Signature	Date

UCC/PB STATUS	
Please provide your relationship to the United Church of Christ. If you are applying for someone else, provide their information.	
<input type="checkbox"/> UCC Authorized Minister with current standing	<input type="checkbox"/> Spouse/Partner of a UCC Authorized Minister
<input type="checkbox"/> UCC Lay Employee	<input type="checkbox"/> Spouse/Partner of a UCC Lay Employee
If you are a surviving Spouse/Partner of a UCC Authorized Minister/Lay Employee, please provide their name and their relationship with the UCC below:	
Church/Organization you or partner is currently or were last employed at	Years of service of you or your partner
Are you any of the following?	
Serve or have served in the state of Massachusetts? Out of state pastor with at least 6 years of service in Massachusetts? Interim pastor who have standing in Massachusetts? If yes, please check the box to notify us here: <input type="checkbox"/>	

Marital Status	
<input type="checkbox"/> My Spouse/Partner has died, and I have remarried	<input checked="" type="checkbox"/> Single
<input type="checkbox"/> Married/Domestic Partnership	<input type="checkbox"/> My Spouse/Partner has died, and I remain single
<input type="checkbox"/> My Spouse/Partner and I have divorced/separated/dissolved our domestic partnership	

What is the purpose of your request for assistance?

Living Expenses <input type="checkbox"/>	Medical Expenses <input type="checkbox"/>
Insurance Premiums <input type="checkbox"/>	Funeral Expenses <input type="checkbox"/>

Employment Status	
In a call or employed by an UCC related entity <input type="checkbox"/>	Unemployed or between calls <input type="checkbox"/>
Fully or partially retired <input type="checkbox"/>	Short/long term disability <input type="checkbox"/>

Amount Request:	\$
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Please mail or attach any available document(s) that may support your request.

DESCRIPTION OF CIRCUMSTANCES
<p>Please tell us more about the situation(s) that initiated your request for assistance at this time. We know it's not easy to ask for help, so we will review your information with care. Please mail or attach any available document(s) that may support your request, if you are seeking assistance regarding a medical situation, please use general terms to uphold your privacy and do not share specifics.</p>

Endorser Information	
<p>The understanding of the above situation and endorsement of the conference minister are required to be considered for an emergency grant.</p> <p><u>To receive grant funding, you must have the endorsement of your conference minister</u></p> <p>To complete your request for emergency assistance, this application will be sent to the endorser you identified on this form to confirm support and add supporting notes.</p> <p>Once the endorsement is confirmed, your application will be received by Ministerial Assistance for processing. We are usually able to move forward with the recommendation in a fairly short time.</p>	
Name of Endorser (First, Middle, Last)	Conference/UCC Entity
Endorser's Organization	Endorser's Title
Endorser's Phone Number	Endorser's Email Address