



Pension Data Sheet

Member ID	Name (last, first, middle initial)	<input type="checkbox"/> Clergy <input type="checkbox"/> Lay
Address (number and street)		
Telephone number (with area code)	E-mail address	
Date of birth	Spouse's/Same Gender Domestic Partner's Social Security Number	
Participant of UCC Health Plan? (Yes or No)		
Self <input type="checkbox"/> Spouse <input type="checkbox"/> Same-Gender Domestic Partner <input type="checkbox"/>		
<p>Dear Annuitant or Beneficiary:</p> <p>Ideally, pension and Social Security payments, together with savings and investments, will provide for one's needs when earned income ceases. In reality, these sources are sometimes inadequate. The Pension Boards has several programs that may provide varying amounts of assistance, depending on eligibility requirements.</p> <p>This Pension Data Sheet is designed to help us determine if you are eligible for ministerial assistance. The information is treated with the strictest confidence. If you would prefer to not provide the information requested, thereby renouncing any pension supplementation or health plan subsidy for which you may have qualified, please sign and date the form on the space provided below. Please note that you may revoke your decision at any time.</p>		
<input type="checkbox"/> I do not wish to provide this information at this time.		
Signature:		Date:
If the personal information above or following is incomplete or incorrect, please make the necessary changes or additions. If you do not have a Social Security Number, please state the reason in the space(s) provided below.		
Member:		
Spouse or Same-Gender Domestic Partner:		

