

GIP Plans – Life, Dental, Long Term Disability

Are you currently in any of the UU Group Insurance (GIP) Plans?

Life: ___ Yes ___ No Long-Term Disability: ___ Yes ___ No Dental: ___ Yes ___ No

Will you start / continue coverage with your new congregation? Life: ___ Yes ___ No LTD: ___ Yes ___ No
Dental: ___ Yes ___ No

On what date will coverage start at your new congregation? _____

If there is a coverage gap between congregations, how will you pay for coverage?

___ Bill me directly for the gap period

___ Continue billing my current congregation during the gap period

___ Terminate my coverage during the gap period. *Please consult with Tracy Withy in the UU GIP Office before selecting this option.*

___ I have checked with my new congregation and have confirmed that I will participate in the UUGIP plan.

UUA Retirement Plan

Are you currently in the UUA Retirement Plan? ___ Yes ___ No

If no, please contact Joyce Stewart for enrollment info.

Will you continue participation with your new congregation? ___ Yes ___ No

___ I have checked with my new congregation and have confirmed that I will participate in the UUA Retirement plan.

Required Signoffs

Your signature _____ Date _____

Congregation you are leaving:

Name of Congregation _____ 4-digit ID _____

Signature of Congregation Officer _____ Date _____

Your new congregation:

Name of Congregation _____ 4-digit ID _____

Signature of Congregation Officer _____ Date _____

Please keep a copy of this checklist for yourself, give a copy to your old and new congregations, and return the signed original to the UUA Health Plan Office, Attention: Kati MacDonald, 25 Beacon Street, Boston, MA 02108.