



REFERENCE GUIDE

UNITED CHURCH OF CHRIST LIFETIME RETIREMENT INCOME PLAN

NON-QCCO PLAN ADOPTION AGREEMENTS AND HEALTH AND WELFARE AGREEMENT

Effective as of September 1, 2023

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This document provides a reference to assist employers in completing the applicable Adoption Agreement documents (Non-QCCO, and Health and Welfare) demonstrating their intent to adopt The United Church of Christ Lifetime Retirement Income Plan Document.

The Pension Boards, in addition to maintaining the plan document for The United Church of Christ Lifetime Retirement Income Plan, is required by the IRS to have an Adoption Agreement outlining the benefits of the plan for each employer, which must be signed by an authorized signer for the employer. In order to demonstrate compliance with this requirement, all employers must review, complete, and sign an Employer Adoption Agreement and Employer Health & Welfare Adoption Agreement (if applicable) and return the documents to the Pension Boards.

Upon completion, employers will receive a copy of the completed user adoption agreement.

NON- QUALIFIED CHURCH CONTROLLED ORGANIZATION (Non-QCCO)

To access the NQCCO Adoption Agreement log into the Employer Portal on the Pension Boards website, <https://employers.pbucc.org> – from the left-hand side menu of the page, click on NQCCO Adoption Agreement.

On the next page, select the QCCO form link option, and follow the Authentication process and Getting Started questions.

Once the Adoption Agreement is displayed, use the guide below to assist you in completing the form.

SECTION ONE – EMPLOYER INFORMATION

Part A: Adopting Employer

Complete or update the contact information for the organization:

Adopting Employer ID: 5-digit ID number assigned to your organization by the Pension Boards.
***Note**, if your organization is new to the Pension Boards, there may not yet be an Employer ID number assigned. Leave the Employer ID space blank. An ID number will be assigned once the completed document is returned.*

Name: Full name of the organization

Address, City
and State: Business Mailing address

Phone number: Business contact number for the organization

Email address: Employer Email Address.

***Note**, Pension Boards systems maintains only one email address per organization. The email address you provide will replace any other email address on record. The new email will be used for all official communications and service authorizations.*

PART B – Related Employers. Select only one option.

1. Select Adopting Employer if the employer named on this adoption agreement will be solely adopting the plan.
2. Select if Adopting Employer is *EXCLUDING* another eligible employer from adopting the plan.
3. Select if Adopting Employer is *INCLUDING* another eligible employer in adopting the plan.

SECTION TWO – EFFECTIVE DATES

Part A: Select and complete only **one** option.

1. If this is the first time the Adoption Agreement is being completed.
2. If this is a change to the original Adoption Agreement.
 - a. Include the effective date of the original Adoption Agreement if known.
 - b. Include the effective date of the restatement.

SECTION THREE – ELIGIBILITY

Part A: Eligible Classification. This section is used to identify those employees who are being EXCLUDED from participating. Select the appropriate exemptions in each section as appropriate.

Elective Deferrals and/or After-Tax contributions – Contributions made by the employee. Select those employees who will be **EXCLUDED** from contributing.

Employer Contribution – Contributions to the Annuity Plan on behalf of the employer. Select those employees who will be **EXCLUDED** from receiving an employer contribution.

Matching Contribution – Employer contributions to the Annuity Plan that match a portion of the employee contributions. Select those employees who will be **EXCLUDED** from receiving an employer matching contribution.

Part B: Age & Service Requirement:

Select if the employee(s) selected must be of a certain age and service requirement. Select only **one** option in **each section** for each of the sources of contributions or leave blank if the contribution does not apply.

Age – Employee must be of a certain age to participate in the Plan.

Service - Employee must complete a required service period prior to participation in the Plan.

Part C: Entry Date - Select the Entry Date coincident with or following their satisfaction of the age and service requirement. Select only **one** option in **each section** for each of the sources of contributions or leave it blank if the contribution does not apply.

SECTION FOUR – CONTRIBUTIONS

PART A - Member Contributions. Select only one option.

- 1- Select if Pre-Tax or After-Tax contributions will not be offered in the plan.
- 2- Select if the member will be permitted to make payroll deductions contributions to the Annuity plan on Pre-Tax, After-tax basis.

PART B- Employer Contributions. Select only one option.

1. Select if the employer will not make contributions.
2. Select if the employer will make contributions and indicate the contribution percentage.

PART C: Matching Contributions. Select only one option.

1. Select if the employer will not make employer matching contributions.
2. Select if the employer will make matching employer contributions and indicate the contribution percentage and compensation percentage.

SECTION FIVE – IN- SERVICE WITHDRAWAL & LOANS

PART A – Hardship Distributions

1. Select if employees may not elect to receive a hardship distribution.
2. Select if employees may elect hardship distribution under the rules provided in the Hardship Distribution policy.

PART B – LOANS

1. Select if employees may not elect to receive loans.
2. Select if employees may elect loans under the rules provided in the Loan Policy.

PART C – Qualified Birth or Adoption Distributions

1. Select if employees may not elect Qualified Birth or Adoption Distributions.
2. Select if employees may elect Qualified Birth or Adoption Distributions.

Note: Employed Members must have TSA or member contributions on account to request a Distribution. Members with only employer contributions are not eligible.

ADOPTION AND EXECUTION

Update with the effective employer's name and appropriate signatures.

EMPLOYER HEALTH & WELFARE ADOPTION

Use this link to access the Health & Welfare Adoption Agreement,
<https://employers.pbucc.org/index.php/master/1280-adoption-agreements-doc>

After 9/1 you can access the Health & Welfare Adoption Agreement from the Employer Portal, <https://employers.pbucc.org> – from the left-hand side menu of the page, click on Health & Welfare Adoption Agreement.

On the next page, select the Health & Welfare Adoption Agreement form link option, and follow the Authentication process and Getting Started questions.

Once the Adoption Agreement is displayed, the below provides a guide to assist in completing the form.

SECTION ONE – EMPLOYER INFORMATION

PART A: Complete the contact information for the employer. If you are new to the Pension Boards, leave the Employer ID blank. One will be assigned to you once the completed document is returned.

PART B – Related Employers.

List employers who is eligible to adopt and participate in the plan. Include employer name and 5-digit PBUC employee ID number. If the employer is not participating in the plan, the employer must complete an adoption agreement.

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SECTION TWO – EFFECTIVE DATES

1. Select if first time the Adoption Agreement is being completed.
2. Select If this is a reinstatement or change to the original Adoption Agreement.

SECTION THREE – EMPLOYER PLAN ELECTION (Select all applicable options)

This section list all the health benefits plans offered through the Pension Boards.

- Medical
- Dental
- Vision
- Life Insurance and Disability Benefits
- Flexible Spending Account

SECTION FOUR – ELIGIBILITY & CONTRIBUTION REQUIREMENT

PART A- C – HEALTH, LIDI, FSA PLANS (Select only one)

- 1- Select if all employees (clergy and lay) are eligible to participate, effective the 1st of the month following hire date.
- 2- Selected if there are specific requirements that need to be met to be eligible for participation, for example, waiting or probational period, (must work 60 continuous days) or if an employee contribution is required (for example, the employee would pay 20% of the premium and employer pays 80%).

SECTION FIVE – EMPLOYER RESPONSIBILITIES – Please read.

This is the employer's responsibility and agreement to abide by the plan rules and provisions. Employer agrees to terms and conditions under the plan.

SECTION SIX – AMENDMENTS – Please read.

This section highlights terms and conditions when the plan may be amended.

ADOPTION AND EXECUTION

Update with the effective employer's name and appropriate signature

COMPLETING AND SUBMITTING THE FORMS

Once you have completed a form, including signing the form, select the DONE option that appears at the bottom or upper right-hand side of the screen.

If any of the required fields are left blank, it will prompt you to the appropriate section to complete.

Once all the completed fields are filled, a pop up will appear asking you to confirm you are done and the form is good to go.

On the next screen that is displayed you will have several options:

- Send me a copy – select this option if you would like a PDF copy of the agreement emailed to you.
- Download document – select this option if you would like a PDF copy saved to your documents.
- Save to pdfFiller – select this option if you want to save a copy of the document as a pdf. You will need to create a pdfFiller account if you don't have one.

We strongly recommend that you send a copy of the document to your email or download the document for your records.

After making your selections, select the Continue option on the screen. This will submit your document to the Pension Boards for processing.

You will receive confirmation that your documents have been received. If you are a new employer, you will receive your Employer ID via email once it is processed by Member Services.