**UNITARIAN UNIVERSALIST ORGANIZATIONS HEALTH PLAN**

***Subscription Agreement for Individuals***

Name of Subscribing Individual: _____

Address: _____

Phone: _____ Email: _____ SSN: _____

The Unitarian Universalist Association has established and maintains the Unitarian Universalist Association Employee Benefits Trust (the "Trust"), which provides benefits under the Unitarian Universalist Organizations Health Plan (the "Plan"). By signing this agreement, you are subscribing to and agreeing to the terms of the Plan and the Trust and you become a "Subscribing Individual." As a Subscribing Individual you may enroll yourself and your Dependents (as that term is defined in the Plan and the Trust), subject to the specific election below.

**PLAN DESIGN**
The Subscribing Individual elects (check one):

- □ Standard PPO benefits
- □ High deductible PPO benefits
- □ High deductible PPO benefits – BRONZE LEVEL
- □ Medicare Supplement benefits

All contributions to the Plan are due on the first of the month and are payable to *UUA Employee Benefits Trust*.

You can receive a copy of the Plan and the Trust. Please direct questions to the Health Plan Office in the UUA Office of Church Staff Finances, 24 Farnsworth Street, Boston, MA 02210, (617) 948-6405, or to healthinsurance@uua.org.

_____ _____
Signature Printed Name

_____
Date

**PLEASE RETURN THIS FORM TO UUA Insurance Plans, 24 Farnsworth Street, Boston, MA 02210, or by FAX to (617) 948-6487, attention Health Plan Office. Please retain a copy for your records.**

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