

# *United Brethren Association for Church Development*

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Website: [www.ubassociation.org](http://www.ubassociation.org)

Greetings,

Enrollment for Capital Blue Health Care programs can now be completed online making enrollment easier and faster. Please submit the following information to the United Brethren Association for Church Development either by mail or email so we can begin processing your enrollment online.

## Employee's Information

First Name:

Last Name:

Middle Initial:

Title:

Social Security Number:

Date of Birth:

Gender:

Mailing Address:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Email Address:

Date of Hire:

Full Time or Part Time:

Coverage (ex. Family Dental):

Primary Health Care Provider:

## Dependent Information

First Name:

Last Name:

Middle Initial:

Title:

Social Security Number:

Date of Birth:

Relationship:

Handicapped (yes or no):

Coverage:

You will receive a confirmation email once your enrollment contract has been submitted to Capital Blue. Please email or call our office with any questions or concerns.

Thank you for your participation and cooperation!

*The United Brethren Association for Church Development*