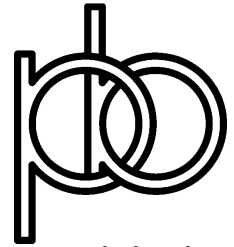


Pension Boards
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Flexible Benefit Plan for UCC Ministries
Revocation of Benefit Election and Compensation Reduction Agreement

PERSONAL INFORMATION	
Social Security number	Employee number (if available/applicable)
Employee's name (Last, first, middle)	
Address	City/State/ZIP
<p>Effective _____, 20____, I hereby revoke my benefit election and compensation reduction agreement under the Flexible Benefit Plan for United Church of Christ Ministries with respect to the following coverage(s). (Please check the appropriate options).</p> <p>Non-insured coverage:</p> <p><input type="checkbox"/> Medical expense reimbursement</p> <p><input type="checkbox"/> Dependent care assistance</p> <p>My benefit election and compensation reduction agreement shall remain in effect as to my benefit coverages, if any, which are not checked above.</p>	
Employee signature	Date
Administrator	Date
<p>This revocation may not be effective prior to the first day of the next Plan Year unless it is made because of a change in family status as defined in the Plan. In no event may the revocation be effective prior to the first pay period beginning after this form is completed and returned to the Administrator of the Plan.</p>	