Pension Boards
United Church of Christ

475 Riverside Drive
Room 1020
New York, NY 10115-0059

p 800.642.6543
f 212.729.2701

www.pbucc.org
info@pbucc.org

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
Telephone number *(with area code)* ( ) –	E-Mail address @

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).

Non-insured coverage:

- ☐ Medical expense reimbursement
- ☐ Dependent care assistance

My benefit election and compensation reduction agreement shall remain in effect as to my benefit coverages, if any, which are not checked above.

Employee signature	Date
Administrator	Date

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.