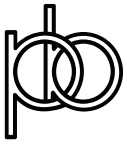

The Pension Boards
United Church of Christ, Inc.

Flexible Benefit Plan for UCC Ministries
Election Not to Participate

PERSONAL INFORMATION	
Social Security Number	Employee number *(if available/applicable)*
Name of participant *(last, first, middle initial)*	
Address *(number and street)*	City/State/ZIP
Telephone number *(with area code)* ( ) –	E-mail address @

I understand all the benefit options available under the Plan.

☐ I cannot change or revoke this election to receive full compensation in cash at any time during the Plan Year, unless I have a change in status, such as marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, change in my or my spouse's employment status from full-time to part-time or part-time to full-time, my spouse or I taking an unpaid leave of absence, and such other events as the Plan Administrator determines will permit a change or revocation of an election.

☐ Prior to each Plan Year, I will be offered the opportunity to change my benefit election for the following Plan Year. If I do not complete and return a new election form at that time, I will not be eligible to participate in the Flexible Benefit Plan for the following Plan Year.

SIGNATURE	
Employee signature	Date
Administrator	Date

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