

Revocation of Benefit Election Form

**For Johnson Services Group, Inc.
Section 125 Premium Only Plan
Plan Year January 1, 2019 through December 31, 2019**

Employee Name: _____

Effective _____, I hereby revoke my benefit election and compensation redirection agreement under the Premium Only Plan with respect to the following benefit coverage(s):
(Please check and fill in the appropriate options.)

- _____
- _____
- _____
- _____
- _____

My benefit election and compensation redirection agreement shall remain in effect as to my benefit coverage's, if any, which are not listed above.

By _____ Date _____
Employee's signature

Accepted and agreed to by the Employer's Authorized Representative.

By _____ Date _____
Administrator's signature

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 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, unless otherwise required by Code Section 9801(f) to be retroactive. You can revoke the Health Savings Account at any time