

WEST HEMPSTEAD UNION FREE SCHOOL DISTRICT

FLEXIBLE BENEFITS PLAN

FORM TO REVOKE PARTICIPATION

(Please Type or Print)

Last Name First Name Middle Initial

Street Address City State Zip Code

Social Security Number Employee Number

Effective January 1, 2021*, I wish to **revoke** my participation in the West Hempstead Union Free School District Flexible Benefits Plan.

Employee's Signature Date

Accepted and agreed to by West Hempstead Union Free School District

By: _____ Date: _____

***Form is due by December 9, 2020 for January 1, 2021 effective date.**