

**REVOCATION OF ELECTION TO PAY  
FOR SOUTHERN TIER BUILDING TRADES WELFARE PLAN COVERAGE  
FROM INDIVIDUAL REIMBURSEMENT ACCOUNT**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_

I hereby revoke my prior election to use amounts credited to my individual Reimbursement Account under the Southern Tier Building Trades Welfare Plan (the "Plan") to pay for Plan coverage. This revocation applies for the calendar month after the month in which the Plan Office receives this revocation notice, and each month thereafter.

To file this revocation notice you must complete, sign and date this form, and deliver or mail it to the Plan Office, at 202 W. Fourth Street, Jamestown, NY 14701.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_