



REVOCATION FORM

Select Plan

Revoke Exclusive Use of San Joaquin General Hospital Facilities & Doctors To Receive Reduced Deductible

I am **revoking** my previous selection to use San Joaquin General Hospital Facilities and Doctors **exclusively** for my medical care under the Select Plan.

Further, I understand that I am revoking my right to receive a lower deductible under the Select Plan. I understand that by signing this form, I will now be responsible for the full deductible of \$125 per person (\$250 per family) per plan year (July thru June).

I understand that this choice will remain in effect until I elect **at a future open enrollment** to enroll in the Exclusive plan option.

Signature of employee

Employee ID number

Print name

Date

**This Form must be returned to Human Resources by 5 p.m. Friday,
June 6, 2014**