

REVOCATION OF THIRD-PARTY AUTHORIZATION FORM

Plan: RIVERSIDE SHERIFFS ASSOCIATION BENEFIT TRUST

Individual: _____
Printed Name

I hereby revoke any and all authorizations for _____
Third Party

to receive any and all Personal Health Information, payroll deductions, dues payments,
etc. on my behalf.

I may change request a change at any time by filling out a new Authorization Form.

Date

Signature of Individual

Mail or Fax this Form to:

Riverside Sheriffs' Association Benefit Trust
21800 Cactus Ave
Riverside, CA 92518
Phone: (951) 653-8014
Fax: (951) 653-9204