



**Section 125 Flexible Benefit Plan Election
Revocation / Change or Stop Form**

Employer: _____

Employee: _____ SS#: _____

I wish to (check one) change revoke my previously authorized benefit election under Section 125 due to the following reason(s):

REASON FOR CHANGE

(one box from this column must be checked)

- | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Termination / Commencement of Spouse's Employment |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Employee or Spouse Taking an Unpaid Leave of Absence |
| <input type="checkbox"/> Death of Spouse or Dependent | <input type="checkbox"/> Other: (specify) _____ |
| <input type="checkbox"/> Birth or Adoption of a Child | _____ |

Date of Election Change _____

*Please change my election as requested below:
(indicate only those coverages needing changes. All unnoted elections will remain the same)*

Coverage Type	Company	Previous Premium	New Premium
		\$	\$
		\$	\$
		\$	\$

I certify that the above is a true and accurate statement to justify a revocation or change under my employer's Section 125 Plan and is not allowed unless one of the above has occurred.

Signature of Employee: _____

Signature Date: _____