SECTION 125 CAFETERIA PLAN
CHANGE or REVOCATION of BENEFIT ELECTION FORM

COMPANY/ DISTRICT NAME: _____

EMPLOYEE NAME: _____ **SS#:** _____

ADDRESS: _____ **PHONE#:** _____

I have experienced the following change in status (must be within the last 30 days) and wish to change/revoke my existing cafeteria plan election and make a new election for the remainder of the current plan year.

PLEASE INDICATE APPROPIATE CHANGE	**DATE CHANGE OCCURRED**
❑ Marriage or Divorce	_____
❑ Death of spouse or dependent	_____
❑ Birth or Adoption of a child	_____
❑ Termination or commencement of employment self	_____
❑ Termination or commencement of employment spouse	_____
❑ Job status (part time/full time) for employee or spouse	_____
❑ Significant change in insurance premium or coverage	_____
❑ Significant change in cost of dependent care	_____
❑ Administrative Error (Attach explanation)	_____
❑ Other: _____	_____

	BENEFIT	***FROM***	***TO***	***PAYROLL EFFECTIVE DATE***
1.	_____	$ _____	$ _____	_____
2.	_____	$ _____	$ _____	_____
3.	_____	$ _____	$ _____	_____

I understand that if there is an interruption of monthly payments I will be terminated until the next open enrollment. I may choose to keep my coverage current, however, I must be personally responsible for making the monthly premium payments to my employer.

I certify that the above information is true and correct to the best of my knowledge. I understand that my benefit election agreement shall remain in effect with regards to other benefit coverage's, if any, which are not listed above. I further understand that this change will become effective in fifteen (15) days or at the next pay period (whichever occurs last) after being received by my employer.

_____ _____

Employee Signature Date

_____ _____

Employer/ Plan Representative Signature Date

REV 05/04

NATIONAL PLAN ADMINISTRATORS, INC.
P. O. Box 161630, Austin, TX 78716
PHONE: (512) 327-6481 OR (800) 880-2776
FAX: (512) 275-9396 OR (800) 982-8140